

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90054 024 \*\*\*150.00

**DOCUMENT # P01000051282**

**1. Entity Name**  
**THE MAINTENANCE SHOP, INC.**

**Principal Place of Business**  
**623 GOODWIN AVE.**  
**NEW SMYRNA BEACH FL 32169**

**Mailing Address**  
**PO BOX 1485**  
**NEW SMYRNA BEACH FL 32170**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**209 DOWNING STREET**  
Suite, Apt. #, etc.  
**City & State**  
**NEW SMYRNA BEACH, FL**  
Zip **32168** Country **FLORIDA**

**3. Mailing Address**  
**209 DOWNING ST.**  
Suite, Apt. #, etc.  
**City & State**  
**NEW SMYRNA BEACH, FL**  
Zip **32168** Country **FLORIDA**

**4. FEI Number**  
**59-3729653**  
**Applied For**  
☐ **\$8.75 Additional Fee Required**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**INGLES, THOMAS A**  
**623 GOODWIN AVE.**  
**NEW SMYRNA BEACH FL 32169**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**209 DOWNING STREET**  
**City** **NEW SMYRNA BEACH** **FL** **Zip Code** **32168**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** **DATE** **4-13-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>INGLES, THOMAS A</b> <b>623 GOODWIN AVE.</b> <b>NEW SMYRNA BEACH FL 32169</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT/DIRECTOR</b> <b>300 DUE EAST AVE</b> <b>NEW SMYRNA BEACH, FL 32169</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT/DIRECTOR</b> <b>COLIN KENNOVIN</b> <b>2560 TURNBULL BAY</b> <b>NEW SMYRNA BEACH, FL 32168</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY/TREASURER/DIR.</b> <b>DENNIS BRISSON</b> <b>2615 TURNBULL ESTATES DRIVE</b> <b>NEW SMYRNA BEACH, FL 32168</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:** **THOMAS INGLES** **4-13-02** **(386) 566-2067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)