FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91782 032 ***150.00

DOCUMENT # P01000054989

1. Entity Name
Central Florida Maintenance, Inc.

11041468

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2. Principal Place of Business	3. Mailing Address
1211 Jaguar Ct.	PO Box 195418
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, Fl.	City & State: Winter Springs, Fl.
Zip: 32708 Country: USA	Zip: 32719-5418 Country: USA

4. FEI Number 59-3725935 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Justin C. Reviczky

Street Address (P.O. Box Number is Not Acceptable): 1211 Jaguar Ct.

City: Winter Springs FL Zip Code: 32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Justin C. Reviczky 04/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Justin C. Reviczky
STREET ADDRESS	1211 Jaguar Ct.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DV
NAME	Gary J. Reviczky
STREET ADDRESS	1211 Jaguar Ct.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DS
NAME	Nancy A. Reviczky
STREET ADDRESS	1211 Jaguar Ct.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D
NAME	Alexander C. Reviczky
STREET ADDRESS	1211 Jaguar Ct.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D
NAME	Jordan C. Reviczky
STREET ADDRESS	1211 Jaguar Ct.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Justin C. Reviczky - President 4/30/2003 407-696-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #