

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90046 002 ***150.00

DOCUMENT # P010Q0059767

1. Entity Name

FLORIDA PROPERTY SERVICES & MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

845 Waterway Pl.

3. Mailing Address

845 Waterway Pl.

Suite, Apt. #, etc.

UNIT 101

Suite, Apt. #, etc.

UNIT 101

City & State

Longwood, FL

City & State

Longwood, FL

Zip
32750

Country
USA

Zip
32750

Country
USA

4. FEI Number

59-3724176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEAN KENDALL

Street Address (P.O. Box Number is Not Acceptable)

845 Waterway Pl.

UNIT 101

City
Longwood

FL

Zip Code

32750

**DO NOT WRITE
IN THIS SPACE**

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

Dean Kendall
signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

21st April 2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
President / Director
NAME
DEAN KENDALL
STREET ADDRESS
845 Waterway Pl. UNIT 101
CITY - ST - ZIP
Longwood, FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
Vice President / Director
NAME
FRANCESCA ALBATS
STREET ADDRESS
845 Waterway Pl. UNIT 101
CITY - ST - ZIP
Longwood, FL 32750

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean Kendall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21st April 2002

Date

407-831 3161

Daytime Phone #

CR2E034B (12/01)