2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive changed, or on an attachment

SIGNATURE:

May 19, 2002 8:00 am § Secretary of State DOCUMENT # P01000086911 1. Entity Name 05-19-2002 90026 019 ***158.75 DO ALL MAINTENANCE SOLUTIONS, INC. Principal Place of Business Mailing Address 1212 COLETTA DR. 1212 COLETTA DR. ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent? 7. Name and Address of New Registered Agent SISSON, LARRY Jumber is Not Acceptable) 218 SOUTHERN COUNTRY LN. mninao QUINCY FL 32351 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. TE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🔲 Delete TITLE - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poor is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receive or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receive or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the received or true end accurate and that my name appears in Block 11 or Block 12 in the corporation of the received or true end accurate and that my name appears in Block 11 or Block 12 in the corporation of the received or true end accurate and that my name appears in Block 12 in the corporation of the received or true end accurate and that my name appears in Block 12 in the corporation of the received or true end accurate and that my name appears in Block 12 in the corporation of the received or true end accurate and that my name appears in Block 12 in the corporation of the received or true end accurate and that my name appears in Block 12 in the corporation of the received or true end accurate and the corporation of the corporation or the received or true end accurate and the corporation of the co

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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