

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 010 ***150.00

DOCUMENT # P01000092501

1. Entity Name
EMS MAINTENANCE CORP.



Principal Place of Business
**2718 EMERSON LANE
KISSIMMEE, FL 34743**

Mailing Address
**2718 EMERSON LANE
KISSIMMEE, FL 34743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3745700

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when making changes)

DATE

FILE NUMBER: **FILE NO. 11-11-03**
FEE: **\$150.00**
AR: **May 1, 2003** Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOZADA, MARISOL 426 SEA WILLOW DRIVE KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAGAN, LENNIS 426 SEA WILLOW DRIVE KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGAY, LENNIS 2718 EMERSON LANE KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAGAY, LENNIS 2718 EMERSON LANE KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PAGAN, LENNIS 2718 EMERSON LN KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PAGAN, LENNIS 2718 EMERSON LN KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENNIS PAGAN

4-25-03

407-908-4813

Date

Daytime Phone #

CR2E034 (10/02)