

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 09, 2002 8:00 am
Secretary of State09-09-2002 90022 023 ***550.00
05-15-2002 90070 007 ***150.00**DOCUMENT # P01000096958**

1. Entity Name

SHARP BUILDING MAINTENANCE, INC.

Principal Place of Business

**2220 WHITFIELD PARK AVENUE
SARASOTA FL 34243**

Mailing Address

**2220 WHITFIELD PARK AVENUE
SARASOTA FL 34243**

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

90-0003265

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****RICHARDS, JOSEPH P JR.
2461 GOLD OAK COURT
SARASOTA FL 34232****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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP**P****JOSEPH RICHARDS
12202 S. HAMLIN
ALSIP, IL 60803**☐ Change☒ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP**V****RICHARD CYWINSKI
14958 SPRINGFIELD
MIDLOTHIAN, IL 60445**☐ Change☒ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP**SEC****THOMAS STERBA
16004 RIDGEWOOD DRIVE
LOCKPORT, IL 60441**☐ Change☒ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-02 866-371-7505

CR2E034 (4/02)