

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State


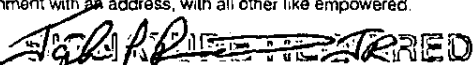
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RICHARDS, JOSEPH P JR. 2481 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE		
NAME	RICHARDS, JOSEPH		NAME		
STREET ADDRESS	12202 S HAMUN		STREET ADDRESS		
CITY-ST-ZIP	ALSIP IL 60803		CITY-ST-ZIP		
TITLE	V		TITLE		
NAME	CYWINSKI, RICHARD		NAME		
STREET ADDRESS	14958 SPRINGFIELD		STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN IL 60445		CITY-ST-ZIP		
TITLE	S		TITLE		
NAME	STERBA, THOMAS		NAME		
STREET ADDRESS	16004 RIDGEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LOCKPORT IL 60441		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 			4-11-03 941-758-4133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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CR2E034 (10/02)