

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90025 012 \*\*\*150.00

**DOCUMENT # P01000111929**

**1. Entity Name**  
**TOTAL PROPERTY MAINTENANCE OF MANATEE, INC.**

**Principal Place of Business**  
**10TH STREET S.**  
**BRADENTON BEACH FL 34217**

**Mailing Address**  
**10TH STREET S.**  
**BRADENTON BEACH FL 34217**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**105 10TH ST S**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**105 10TH ST S.**  
 Suite, Apt. #, etc.

**4. FEI Number** **65-1157667** **Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**  
**6. Name and Address of Current Registered Agent**  
**7. Name and Address of New Registered Agent**

**MESCHELLE, TODD A**  
**10TH STREET S.**  
**BRADENTON BEACH FL 34217**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**105 10TH ST S.**  
**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.**

**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.** ☒ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |                                 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                          |  |
|----------------------------|---------------------------------|---------------------------------|---|--------------------------|--|
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> Delete | TITLE   |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MESCHELLE, TODD A</b>        |                                 | NAME  |                          |  |
| STREET ADDRESS             | <b>10TH STREET S.</b>           |                                 | STREET ADDRESS  | <b>105 10TH STREETS</b>  |  |
| CITY-ST-ZIP                | <b>BRADENTON BEACH FL 34217</b> |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> Delete | TITLE   |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MESCHELLE, SHEILA G</b>      |                                 | NAME  |                          |  |
| STREET ADDRESS             | <b>10TH STREET S.</b>           |                                 | STREET ADDRESS  | <b>105 10TH STREET S</b> |  |
| CITY-ST-ZIP                | <b>BRADENTON BEACH FL 34217</b> |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 |                                 | NAME  |                          |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 |                                 | NAME  |                          |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 |                                 | NAME  |                          |  |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP                |                                 |                                 | 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 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:** **4-22-02** **941-779-9234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**