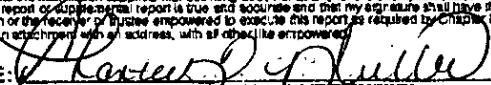


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 029 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P02000095584			
1. Entity Name A & B PROPERTY MAINTENANCE, INC.			
Principal Place of Business 17 GLADES AVENUE TARPON SPRINGS, FL 34689 US		Mailing Address POST OFFICE BOX 2712 TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent MULLER, RICHARD D 17 GLADES AVENUE TARPON SPRINGS, FL 34689		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 		DATE	
7. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fee		8. CHECK HERE IF MAKING CHANGES	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLER, RICHARD D POST OFFICE BOX 2712 TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLER, CHANTELL T POST OFFICE BOX 2712 TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <i>Secretary Chanell T. Muller P.O. Box 2712, Tarpon Springs, FL 34689</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <i>Treasurer Chanell T. Muller P.O. Box 2712, Tarpon Springs, FL 34689</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 110.07(2)(c), 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; and I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on the attachment with an address, with all changes as indicated.			
SIGNATURE: 		Date: 4/30/03 / 727-942-1778	

90128372

☒ CHECK HERE IF MAKING CHANGES4. FEE Number **42-1549464** Applied For ☒ Not Applicable8. 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

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

DATE

9. Election Campaign Financing

True Fund Contribution ☐ \$5.00 May Be Added to Fee

10. CHECK HERE IF MAKING CHANGES

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

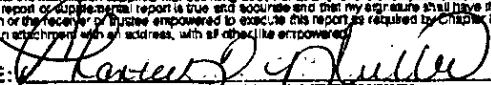
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: Date: **4/30/03** / **727-942-1778**