

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90057 003 \*\*\*150.00

**DOCUMENT #** P02000106021

**1. Entity Name**  
MAINTANCE ONE INC.



**Principal Place of Business**  
2340 S STATE RD 7  
MIRAMAR FL 33023

**Mailing Address**  
2340 S STATE RD 7  
MIRAMAR FL 33023

**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**

81-0575017

**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**

PERRY, KEITH J  
2040 NW 85 WAY  
PEMBROKE PINES FL 33024

**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

**FILE NOW!!! FEE IS \$150.00**

**After 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  
PERRY, KEITH J  
2040 NW 85 WAY  
PEMBROKE PINES FL 33023 ☐ Delete

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**TITLE**  
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**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

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**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**

*Keith J Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)