

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90130 004 ***158.75

DOCUMENT # P93000028882

1. Entity Name

Universal Maintenance Incorporated

Principal Place of Business

Mailing Address

2. Principal Place of Business

100 South Military Trail

3. Mailing Address

100 South Military Trail

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

#19

City & State

Deerfield Beach

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

65-0412623

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kenneth Subandron
100 South Military Trail #19
Deerfield Beach, FL 33442

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.

SIGNATURE

Kenneth Subandron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P
NAME: Subandron, Kenneth
STREET ADDRESS: 100 S. Military Trail #19
CITY-ST-ZIP: Deerfield Beach, FL 33442

☐ Delete

TITLE: VP
NAME: Wenniger, Reinhard
STREET ADDRESS: 100 S. Military Trail #19
CITY-ST-ZIP: Deerfield Beach, FL 33442

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

12. 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

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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

4/3/01

Daytime Phone #

954-428-2224

CR2E034 (11/00)