

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000771

1. Entity Name

PREVENTIVE MAINTENANCE SERVICE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90339 021 ***150.00

Principal Place of Business

4306 E. COLUMBOS DRIVE
TAMPA FL 33605
US

Mailing Address

P.O. BOX 76911
TAMPA FL 33675
US

2. Principal Place of Business

12555 47th Way
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17447
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3216074

Applied For

Not Applicable

Zip

Country

33762 USA

Zip

Country

33762 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREISCHER, ALBERT C JR.
1407 WEST BUSCH BLVD.
TAMPA FL 33612

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

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

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 D ☐ Delete
NAME BELL, MICHAEL A
STREET ADDRESS 18724 GERACI RD
CITY-ST-ZIP LUTZ FL

TITLE D ☐ Delete
NAME BELL, ROBERT L
STREET ADDRESS 16612 BOY SCOUT ROAD
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 727-573-7774
Date Daytime Phone #

CR2E034 (10/00)