

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000016364**

1. Entity Name
PROPERTY MAINTENANCE PLUS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90194 026 ***150.00

Principal Place of Business
10674 CAMBAY DR
BOYNTON BEACH FL 33437

Mailing Address
2176 NE 63RD CT
FT. LAUDERDALE FL 33308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1420 SW 30TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0485238**

Applied For

Not Applicable

Suite, Apt. #, etc.

SUITE 4

City & State
BOYNTON BEACH, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

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

COSTA, STEPHEN E
10674 CAMBAY DR
BOYNTON BEACH FL 33437

Name
COSTA, STEPHEN E

Street Address (P.O. Box Number is Not Acceptable)

1420 SW 30TH AVE

SUITE 4

City

BOYNTON BCH FL

FL

Zip Code

33426

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. ☐ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COSTA, STEPHEN E MR
10674 CAMBAY DR
BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1420 SW 30TH AVE
BOYNTON BCH FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNORS, HAROLD J JR
2176 NE 63 CT
FT LAUDERDALE FL 33308

☐ Delete

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

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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:

Harold J Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/01 984-441-6565
Date Daytime Phone #

CR2E034 (10/00)