

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074342

1. Entity Name

PDQ MAINTENANCE SERVICE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90084 021 ***150.00

Principal Place of Business

343 SATINWOOD DRIVE
SANTA ROSA BEACH FL 32459

Mailing Address

343 SATINWOOD DRIVE
SANTA ROSA BEACH FL 32459

#0055730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2151

Suite, Apt. #, etc.

City & State

Santa Rosa Bch Fl.

Zip

32459

Country

U.S.

4. FEI Number 59-3286221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, DAN E
343 SATINWOOD DRIVE
SANTA ROSA BEACH FL 32459

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's 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

TITLE: DP ☐ Delete
NAME: OWENS, DAN E
STREET ADDRESS: 343 SATINWOOD DRIVE
CITY-ST-ZIP: SANTA ROSA BEACH FL

TITLE: D ☐ Delete
NAME: OWENS, PATRICIA
STREET ADDRESS: 343 SATINWOOD DRIVE
CITY-ST-ZIP: SANTA ROSA BEACH FL 32459

TITLE: VD ☐ Delete
NAME: SCHEIDL, JULIUS
STREET ADDRESS: 2246 PACO ALTO
CITY-ST-ZIP: NAVARRE FL

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:

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CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 title empowered.

SIGNATURE:

Dan E. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)