

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90050 048 ***158.75

0360278 AV

DOCUMENT # P94000082723

1. Entity Name

STOCKTON MAINTENANCE GROUP, INC.

Principal Place of Business

**6865 VISTA PARKWAY NORTH
 WEST PALM BEACH FL 33411**

Mailing Address

**6865 VISTA PARKWAY NORTH
 WEST PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0529033

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required -**

6. Name and Address of Current Registered Agent

**RIORDAN, DOUGLAS S
 245 MARBLE CANYON DRIVE
 WEST PALM BEACH FL 33414**

*CHANGE
 OF
 ADDRESS
 ONLY*

7. Name and Address of New Registered Agent

Name **RIORDAN, DOUGLAS S.**

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

1835 CLYDESDALE DRIVE

City **LOXAHATCHEE**

FL

Zip Code

33470

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

DOUGLAS S. RIORDAN

1/4/02

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, 2002 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 **PV** ☒ Delete
 NAME **RIORDAN, DOUGLAS S**
 STREET ADDRESS **245 MARBLE CANYON DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **STD** ☒ Delete
 NAME **RIORDAN, DOUGLAS S**
 STREET ADDRESS **245 MARBLE CANYON DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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 **PVT** ☒ Change ☐ Addition
 NAME **RIORDAN, DOUGLAS S.**
 STREET ADDRESS **1835 CLYDESDALE DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **SD** ☐ Change ☒ Addition
 NAME **RIORDAN, MICHELLE M.**
 STREET ADDRESS **1835 CLYDESDALE DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

Date

561 684 8922

Daytime Phone #

CR2E034 (9/01)