

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082898

1. Entity Name

R.C.H. MAINTENANCE SERVICE, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90015 048 \*\*\*158.75

Principal Place of Business

Mailing Address

8431 SUMMERFIELD PLACE  
BOCA RATON FL 33433

8431 SUMMERFIELD PLACE  
BOCA RATON FL 33433-7631

2. Principal Place of Business

1308 WILLIAMS ROAD

3. Mailing Address

1308 WILLIAMS

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY FL

City & State

PLANT CITY

4. FEI Number

65-0507587

Applied For

Not Applicable

Zip

33565

Country

HELLSBOROUGH

Zip

33565

Country

HELLSBOROUGH

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMMEL, RONALD C  
8431 SUMMERFIELD PLACE  
BOCA RATON FL 33433

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 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, 2000 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** ☐ Delete  
NAME **HAMMEL, RONALD C**  
STREET ADDRESS **8431 SUMMERFIELD PLACE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **ST** ☐ Delete  
NAME **HAMMEL, MARILYN A**  
STREET ADDRESS **8431 SUMMERFIELD PLACE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **M** ☒ Delete  
NAME **EMERICK, MATTHEW D**  
STREET ADDRESS **6590 SW 14TH ST**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 life empowered.

SIGNATURE:

*Ronald C. Hammel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD C. HAMMEL

Date

Daytime Phone #

4/15/00 813-719-6446

CR2E034 (9/99)