

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000020990****1. Entity Name**
CSC MAINTENANCE, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90125 019 ***150.00

Principal Place of Business**917 28TH STREET**
WEST PALM BEACH FL 33407
US**Mailing Address****917 28TH STREET**
WEST PALM BEACH FL 33407
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0635649**

Applied For

Not Applicable

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****VACCARO, JOHN R P.A.**
1325 SOUTH CONGRESS AVENUE
SUITE 201
BOYNTON BEACH FL 33426

Name

William J. Marell, Glickman, Witters et al

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

1601 Forum Place, Suite 1101

City

West Palm Beach**FL**

Zip Code

33401**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****Attorney****1/10/2001**

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	P <input type="checkbox"/> Delete
NAME	SCHWEITZER, KENNETH
STREET ADDRESS	4378 JUNIPER TERR
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	V <input type="checkbox"/> Delete
NAME	CAMPANY, EDWARD G.
STREET ADDRESS	1170 HATTERAS CIR
CITY-ST-ZIP	GREENACRES FL 33413
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)