2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

DOCUMENT # **P96000056690** May 03, 2000 8:00 am Secretary of State CAPITAL MAINTENANCE GROUP, INC. 05-03-2000 90097 023 ***150.00 Principal Place of Business Mailing Address 24136 PAINTER DR P.O. BOX 1718 LAND O LAKES FL 34639 LAND O LAKES FL 34639-1718 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 59-3384158 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dubois, Gilbert R Street Address (P.O. Box Number is Not Acceptable) 24136 PAINTER DR LAND O LAKES FL 34639 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS ☐ Addition ☐ Change TITLE ☐ Delete TITLE DUBOIS, GILBERT R NAME NAME STREET ADDRESS 24136 PAINTER DR STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP ☐ Delete ☐ Change Addition DUBOIS, GILBERT R 3732 FOREST PARK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete DUBOIS, BRENDA T NAME 24136 PAINTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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