

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90221 036 ***150.00

0421440

DOCUMENT # P96000056690

1. Entity Name

CAPITAL MAINTENANCE GROUP, INC.

Principal Place of Business

**24136 PAINTER DR
LAND O LAKES FL 34639
US**

Mailing Address

**P.O. BOX 1718
LAND O LAKES FL 34639
US**

2. Principal Place of Business

2815 W. Horatio St

Suite, Apt. #, etc.

1

City & State

TAMPA FL

Zip

33609

Country

US

3. Mailing Address

2815 W Horatio St

Suite, Apt. #, etc.

1

City & State

TAMPA FL

Zip

33609

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3384158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUBOIS, GILBERT R
24136 PAINTER DR
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

DUBOIS Gilbert R

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

2815 W Horatio St # 1

City

TAMPA FL

FL

Zip Code

33609

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, 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 **DPS** ☐ Delete
NAME **DUBOIS, GILBERT R**
STREET ADDRESS **24136 PAINTER DR**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **PVST** ☐ Delete
NAME **DUBOIS, GILBERT R**
STREET ADDRESS **3732 FOREST PARK PLACE**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **VT** ☒ Delete
NAME **DUBOIS, BRENDA T**
STREET ADDRESS **24136 PAINTER DR**
CITY-ST-ZIP **LAND O LAKES FL 34639**

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 **2815 W Horatio St # 1**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2815 W Horatio St # 1**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Change ☒ Addition
NAME **VT Daphne A. Minks**
STREET ADDRESS **2815 W Horatio St # 1**
CITY-ST-ZIP **TAMPA FL 33609**

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

Date

Daytime Phone #

CR2E034 (10/00)