

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061832

1. Entity Name

ON TARGET MAINTENANCE, INC.

Principal Place of Business

4638 DEVON AVE
LAKELAND FL 33813

Mailing Address

4638 DEVON AVE
LAKELAND FL 33813-2008

2. Principal Place of Business

4417 Hallam Hill Ln.

3. Mailing Address

4417 Hallam Hill Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

Polk

Zip

33813

Country

Polk

4. FEI Number

59-3415928

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

BYWATER, JOSEPH G
2000 E EDGEWOOD DR
SUITE 108B
LAKELAND FL 33803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LUNG MUS, DOUG
CITY-ST-ZIP 4638 DEVON AVE
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4417 Hallam Hill Ln.
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Delete
NAME D
STREET ADDRESS BLACK, RONALD J
CITY-ST-ZIP 3023 DISMUKA DR
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5023 Dismuke Dr
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Ronald J. Black / 26/00

Date

Daytime Phone #

CR2E034 (9/99)