

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000061832****1. Entity Name**
ON TARGET MAINTENANCE, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90042 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business4417 HALLAM HILL LANE
LAKELAND FL 33813**Mailing Address**4417 HALLAM HILL LANE
LAKELAND FL 33813**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

5023 Dismuke Dr.

City & State**City & State**

Lakeland, FL

4. FEI Number 59-3415928

Applied For

Not Applicable

Zip**Country****Zip****Country**

33813

USA

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, 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** D ☐ Delete
NAME LUNG MUS, DOUG
STREET ADDRESS 4417 HALLAM HILL LANE
CITY-ST-ZIP LAKELAND FL 33813**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME BLACK, RONALD J
STREET ADDRESS 5023 DISMUK DR
CITY-ST-ZIP LAKELAND FL 33813**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 JAMES BLACK

Date

4/21/01

Daytime Phone #

863-648-1235

CR2E034 (10/00)