

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104096

1. Entity Name

PROPERTY MAINTENANCE SERVICES, INC.

Principal Place of Business

2560 PLACIDA ROAD
ENGLEWOOD FL 34224

Mailing Address

2560 PLACIDA ROAD
ENGLEWOOD FL 34224-5412

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAULSEN, MILDRED J
2560 PLACIDA ROAD
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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 Scooper C Paulsen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PAULSEN, MILDRED J	
STREET ADDRESS	2560 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULSEN, SCOOPER	
STREET ADDRESS	2560 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRINK, PATRICIA	
STREET ADDRESS	716 CRESTWOOD ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONOVER, RANDY	
STREET ADDRESS	CADDY ROAD	
CITY-ST-ZIP	ROTUNDA WEST FL 33946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULSEN, Scooper	
STREET ADDRESS	670 Elm St.	
CITY-ST-ZIP	Englewood FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Frink	
STREET ADDRESS	670 Elm St.	
CITY-ST-ZIP	Englewood FL 34223	
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 #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90055 043 ***150.00

80020658



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0717794** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)

1-26-2000 941-475-1160