

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90363 023 \*\*\*158.75

DOCUMENT # P97000021854

1. Entity Name  
*Pro-Vac Maintenance*

**DO NOT WRITE IN THIS SPACE**

90984

2. Principal Place of Business  
*3703 NW 82nd Drive*

3. Mailing Address  
*3703 NW 82nd Drive*

DO NOT WRITE IN THIS SPACE

City & State  
*Coral Springs FL*

City & State  
*Coral Springs FL*

4. FEI Number  
*65-0733706*

Applied For  
Not Applicable

Zip  
*33065*

Country  
*USA*

Zip  
*33065*

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Rosemary Ellis*

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

*3703 NW 82nd Drive*

City  
*Coral Springs*

FL

Zip Code  
*33065*

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President  
Rosemary Ellis  
3703 NW 82nd Drive  
Coral Springs FL 33065*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary Ellis*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034B (12/01)