

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90010 026 \*\*\*150.00

00047229

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P 970000 36942**  
 1. Entity Name  
**Ideal Maintenance, Inc.**

Principal Place of Business Mailing Address  
**17731 77th Lane North**  
**Loxahatchee, FL 33470**

2. Principal Place of Business 3. Mailing Address  
**17731 77 Lane North** **17731 77 Lane North**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**Loxahatchee, FL** **Loxahatchee FL**  
 Zip Country Zip Country  
**33470 USA** **33470 USA**

4. FEI Number Applied For  
**65-0748890** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Michael W. Coggins**  
**17731 77th Lane North**  
**Loxahatchee FL 33470**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 <b>P/T/D</b>	<input type="checkbox"/> Delete
NAME <b>Michael W. Coggins</b>	
STREET ADDRESS <b>17731 77 Lane North</b>	
CITY-ST-ZIP <b>Loxahatchee FL 33470</b>	
TITLE <b>V/S/D</b>	<input type="checkbox"/> Delete
NAME <b>Brenda J. Coggins</b>	
STREET ADDRESS <b>17731 77 Lane North</b>	
CITY-ST-ZIP <b>Loxahatchee FL 33470</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	<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	

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: **Brenda J. Coggins** **Brenda Coggins** **4/18/00** **(561) 333-0787**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)