01-02

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054396

1. Entity Name
DIRECT CONNECTION PROPERTY MAINTENANCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5115 NW 57th TERRACE	5115 NW 57th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33067 Country: BROWARD	Zip: 33067 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765706 ☐ Applied For ☐ Not Applicable

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: ~~[illegible]~~ KEVIN BLAIR
Street Address (P.O. Box Number is Not Acceptable): 5115 NW 57th TERRACE
City: CORAL SPRINGS FL Zip Code: 33067

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] KEVIN BLAIR [signature] MAY 06. 2002
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	OWNER
NAME	KEVIN BLAIR
STREET ADDRESS	5115 NW 57th TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] KEVIN BLAIR MAY 6 2002 (954) 234-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/11/02