

04/27/2001 13:13

954-452-8359

F. GUTTA CPA

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90045 029 ***150.00

DOCUMENT # P970000665251. Entity Name
RANGELEY PROPERTY MAINTENANCE, INC.

Principal Place of Business

Mailing Address

2367 NW 34TH AVE.

2367 NW 34TH AVE

COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0773899

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, SCOTT
2367 NW 34TH AVE
COCONUT CREEK, FL 33066

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 the if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐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	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	D	BAKER SCOTT	2367 NW 34TH AVE COCONUT CREEK, FL 33066				
	VP	BAKER GLENN	2367 NW 34TH AVE COCONUT CREEK, FL 33066				

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

CR2034 (11/00)