FILED
Apr 18, 2003 8:00 am
Secretary of State
03-20-2003 90159 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037561

1. Entity Name
INVESTORS MAINTENANCE SERVICES, INC.

Principal Place of Business	Mailing Address
5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707 US	5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707 US

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 41014	
Suite, Apt #, etc. ST. PETERSBURG		Suite, Apt #, etc. ST. PETERSBURG	
City & State FL		City & State FL	
Zip 33743	Country USA	Zip 33743	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3508998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, PETER D
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name BLAKE FRAZIER
Street Address (P.O. Box Number is Not Acceptable)
13555 - SUNSET LAKE CIR
City WINTER GARDEN FL Zip Code 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] R. Blake Frazier 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILED NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PETER D 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BLAKE FRAZIER 13555 SUNSET LAKE CIR. WINTER GARDEN 34787 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAKE FRAZIER 13555 SUNSET LAKE CIR WINTER GARDEN FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #