

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90146 007 ***550.00

DOCUMENT # P98000054366

1. Entity Name

MAINTENANCE SYSTEMS, INC.

Principal Place of Business

**2845 SR 520
 STE 206
 COCOA FL 32926**

Mailing Address

**1794 CRANE CREEK BLVD
 MELBOURNE FL 32940**



2. Principal Place of Business

5125 S. US 1,

3. Mailing Address

5125 S. US 1

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

ROCKLEDGE, FLORIDA

City & State

ROCKLEDGE, FLORIDA

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

59-3514266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BURKETT, FRANK
 1794 CRANE CREEK BLVD
 MELBOURNE FL 32940**

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **BURKETT, FRANK**
 STREET ADDRESS **1794 CRANE CREEK BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/CEO** ☒ Change ☐ Addition
 NAME **FRANK BURKETT**
 STREET ADDRESS **1794 CRANE CREEK BLVD**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D/PRESIDENT/COO** ☐ Change ☒ Addition
 NAME **DON NOREN**
 STREET ADDRESS **9040 MANCHESTER LANE**
 CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01 **321-504-6525**
 Date Daytime Phone #

CR2E034 (5/01)