

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90470 024 ***150.00

DOCUMENT # P98000054366

1. Entity Name

MAINTENANCE SYSTEMS, INC.

Principal Place of Business

5125 S US 1
 SUITE 3
 ROCKLEDGE FL 32955
 US

Mailing Address

5125 S US 1
 SUITE 3
 ROCKLEDGE FL 32955
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3514266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CCEO	BURKETT, FRANK	1794 CRANE CREEK BLVD	MELBOURNE FL 32940	<input type="checkbox"/>	<input type="checkbox"/>
DPCO	NOREN, DON	9640 MANCHESTER LANE	WEST MELBOURNE FL 32904	<input type="checkbox"/>	<input type="checkbox"/>
VP	JONATHAN CLARK	255 RIVER ROAD CIRCLE	ROCKLEDGE, FL 32955	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEC	LINDA HARTKOPF	342 CYPRESS POINT DR	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMPTROLLER	DEBORAH HARVEY	1105 CORK CT	ROCKLEDGE, FL 32955	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah G. Harvey* **DEBORAH G. HARVEY** *4/24/02* **321-504-6525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)