

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91330 031 \*\*\*150.00

DOCUMENT # P98000072374

1. Entity Name  
B & W MAINTENANCE SERVICES, INC.



Principal Place of Business  
96 RED BIRD ROAD  
CORENTA FL 32351

Mailing Address  
P O BOX 974  
QUINCY FL 32351



2. Principal Place of Business

3. Mailing Address

96 Red Bird Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Corenta, FL

City & State

4. FEI Number 59-3529102

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRUFF, WINSTON  
309 G, F, & A DRIVE  
QUINCY FL 32351

Name

Winston McGriff

Street Address (P.O. Box Number is Not Acceptable)

96 Red Bird Road

City

Corenta

FL

Zip Code

32351

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 *Winston McGriff*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

**FILE 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 P  
NAME MCGRUFF, WINSTON  
STREET ADDRESS 309 G, F, & A DR  
CITY-ST-ZIP QUINCY FL 32351 ☒ Delete

TITLE  
NAME Winston McGriff  
STREET ADDRESS 96 Red Bird Road  
CITY-ST-ZIP Corenta, FL 32351 ☒ 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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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Winston McGriff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 850-856-5880  
Date Daytime Phone #

CR2E034 (10/02)