

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-08-2001 90168 015 ***150.00

DOCUMENT # **P99000042139** ✓
1. Entity Name
BILL'S ALL ISLAND MAINTENANCE, INC

Principal Place of Business
**446 CROTON LANE
BIG PINE KEY, FL 33043**

Mailing Address
**P.O. Box 431817
BIG PINE KEY, FL 33043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number
65-092-1107

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCEY DAVIS
446 CROTON LANE
BIG PINE KEY, FL 33043**

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 re-registering) 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, 2001, 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 PRES	<input type="checkbox"/> Delete
NAME WILLIAM H. REYNOLDS III	
STREET ADDRESS 446 CROTON LANE	
CITY-ST-ZIP BIG PINE KEY FL 33043	
TITLE VP	<input type="checkbox"/> Delete
NAME MARCEY DAVIS	
STREET ADDRESS 446 CROTON LANE	
CITY-ST-ZIP BIG PINE KEY FL 33043	
TITLE 3/T	<input type="checkbox"/> Delete
NAME MARCEY DAVIS	
STREET ADDRESS 446 CROTON LANE	
CITY-ST-ZIP BIG PINE KEY FL 33043	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARCEY DAVIS** **MARCEY DAVIS** 1/29/01 305-872-0189
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)