

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053185

1. Entity Name

PREFERRED RESIDENTIAL & COMMERCIAL MAINTENANCE.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90033 010 ***158.75

Principal Place of Business

Mailing Address

12740 139TH STREET, NORTH
LARGO FL 33774

12740 139TH STREET, NORTH
LARGO FL 33774-2401

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

59-3587197

Applied For

Not Applicable

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

FERRARA, JOE
12740 139TH STREET, NORTH
LARGO FL 33774

Name BERRY, JOEL E.

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

12740 139TH STREET NORTH

City LARGO

FL

Zip Code 33774

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.

JOEL E. BERRY

(NOTE: Registered Agent signature required when reinstating)

APRIL 22, 2000

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, 2000 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 D ☒ Delete
NAME FERRARA, JOE
STREET ADDRESS 12740 139TH STREET, NORTH
CITY-ST-ZIP LARGO FL 33774

TITLE D ☒ Change ☐ Addition
NAME BERRY, MICHAEL E.
STREET ADDRESS 1000 103 AVE NW
CITY-ST-ZIP LARGO, FL 33770

TITLE D ☐ Delete
NAME BERRY, JOEL E
STREET ADDRESS 12740 139TH STREET, NORTH
CITY-ST-ZIP LARGO FL 33774

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

JOEL E. BERRY 4/22/00 (727) 596-0028

CR2E034 (9/99)