

2000 UNIFORM BUSINESS REPORT-(UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90099 037 ***150.00

DOCUMENT # P99000057857

1. Entity Name

PRICE BUILDING MAINTENANCE, INC.

Principal Place of Business

Mailing Address

395 SOUTH POINSETTIA TERRACE
 CRYSTAL RIVER FL 34429

395 SOUTH POINSETTIA TERRACE
 CRYSTAL RIVER FL 34429-2400

2. Principal Place of Business

3. Mailing Address

same as above
 Suite, Apt. #, etc.

same as above
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Citrus

Zip

Country

Citrus

4. FEI Number

59-3587804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, RICHARD ALAN
 395 SOUTH POINSETTIA TERRACE
 CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name Price, Stephanie A.

Street Address (P.O. Box Number is Not Acceptable)
 395 South Poinsettia Terrace

City Crystal River

FL

Zip Code 34429

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

Stephanie Price

4-26-2000

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, 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
 NAME PRICE, RICHARD ALAN ☒ Delete
 STREET ADDRESS 395 SOUTH POINSETTIA TERRACE
 CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE P D
 NAME Price, Stephanie A. ☒ Change ☐ Addition
 STREET ADDRESS 395 S. Poinsettia Terrace
 CITY-ST-ZIP Crystal River, FL 34429

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

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: *Stephanie Price*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Stephanie A. Price

4-26-2000

Date

352-563-
 5422

Daytime Phone #

CR2E034 (9/99)