FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000058445 PROVIDENT FACILITY MAINTENANCE SERVICES, INC. 05-18-2001 91679 001 ***300.00 Principal Place of Business Mailing Address 2963 GULF TO BAY BLVD 2963 GULF TO BAY BLVD 4071 STE 102 STE 102 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3610435 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEPSI, GARY J Street Address (P.O. Box Number is Not Acceptable) 2963 GULF TO BAY BLVD STE 220 **CLEARWATER FL 33759** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition TITLE ☐ Delete SEPSI, GARY J NAME NAME 2963 GULF TO BAY BLVD STE 220 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33759** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SEPSI, LEIGH P NAME NAME 1207 ABBEY CRESCENT LANE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33759** CITY-ST-7IP CITY-ST-ZIP V. ☐ Change Addition TITLE ☐ Delete TITLE SEPSI, ROSS R NAME NAME 1207 ABBEY CRESCENT LANE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33759** CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GART J

☐ Delete

Change

☐ Addition

CR2E034 (10/00)