

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067250

1. Entity Name
SURFACE MANAGEMENT CORPORATION

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90433 040 ***150.00

Principal Place of Business
**13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

Mailing Address
**13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

LUU44361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13617 ATLANTIC BLVD.

3. Mailing Address
13617 ATLANTIC BLVD.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32225

Country
DUVAL

Zip
32225

Country
DUVAL

4. FEI Number **59-3597659**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAKE, FREDERICK L
13617 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

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 *Frederick L. Dake* **Frederick L. Dake** **4-2-1**

(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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	SWATKOWSKI, JEFF
STREET ADDRESS	13616 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> Delete
NAME	DAKE, FREDERICK
STREET ADDRESS	1335 WINDSOR HARBOR DR.
CITY-ST-ZIP	JACKSONVILLE FL 32225
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Frederick L. Dake* **Frederick L. DAKÉ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-1 **1-904-221-9290**

Date Daytime Phone #

0018665

CR2E034 (10/00)