2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 AM 10:51

DOCUMENT # P99000094911

1. Entity Name
M-B. PROPERTY MAINTENANCE INC

Principal Place of Business	Mailing Address
14749 COUNTRY LANE DELRAY BEACH, FL. 33484	

2. Principal Place of Business	3. Mailing Address
14749 COUNTRY LN. Suite, Apt. #, etc.	14749 COUNTRY LANE Suite, Apt. #, etc.
City & State: DELRAY BCH., FL.	City & State: DELRAY BCH., FL.
Zip: 33484 Country: PALM BCH	Zip: 33484 Country: PALM BCH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650910893 ☐ 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
MARY CATHRYN BOWERS 14749 COUNTRY LANE DELRAY BEACH, FL 33484	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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARY CATHRYN BOWERS 14749 COUNTRY LANE DELRAY BEACH, FL. 33484	☐ Delete	UP JAMES THOMAS BOWERS 14749 COUNTRY LANE DELRAY BEACH, FL. 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500004661585 -10/31/01--01080--001 *****61.25 *****61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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.

10/16/01

SIGNATURE: Mary Cathryn Bowers James Thomas Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #