

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90040 022 ***150.00

DOCUMENT # P99000099293

1. Entity Name

NATIONAL MAINTENANCE CORPORATION

Principal Place of Business

**1309 E. ROBINSON STREET
 ORLANDO FL 32801**

Mailing Address

**1309 E. ROBINSON STREET
 ORLANDO FL 32801**

2. Principal Place of Business

1515-A Livingston Street
 Suite, Apt. #, etc.

3. Mailing Address

14499 N Dale Mabry Hwy
 Suite, Apt. #, etc.

Ste 201

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough

City & State

Tampa FL

Zip

33618

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RUSH, BRIAN P
 3411 W. FLETCHER AVE., SUITE B
 TAMPA FL 33618**

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

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, 2002 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** ☐ Delete
 NAME **MILLER, DAN**
 STREET ADDRESS **14499 N. DALE MABRY, #201**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete
 NAME **MILLER, MARY**
 STREET ADDRESS **14499 N. DALE MABRY, #201**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete
 NAME **BAILEY, BARNEY**
 STREET ADDRESS **14499 N. DALE MABRY, #201**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **CFO** ☐ Delete
 NAME **PAYNE, VINCENT J**
 STREET ADDRESS **14499 N DALE MABRY HWY, STE 201**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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

2/6/02

Date

(813) 962-2772

Daytime Phone #

CR2E034 (9/01)