

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90073 035 ***158.75

DOCUMENT # P99000099293

1. Entity Name
NATIONAL MAINTENANCE CORPORATION



Principal Place of Business
1515 A LIVINGSTON STREET
ORLANDO FL 32803

Mailing Address
14499 N DALE MABRY HWY
STE 201
TAMPA FL 33618

90004366



2. Principal Place of Business

14499 N Dale Mabry Hwy

3. Mailing Address

Suite, Apt. #, etc.

Ste 201

City & State

Tampa FL

4. FEI Number **59-3614764**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. 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 **CFOV** ☐ 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

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

(813) 962-2722

Daytime Phone #

CR2E034 (10/02)