

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90117 012 \*\*\*550.00

**DOCUMENT # P99000107043**

1. Entity Name

**TOTAL MAINTENANCE OF TAMPA, INC.**

Principal Place of Business

**6403 N ROME AVE  
TAMPA FL 33604**

Mailing Address

**P.O. BOX 45205  
TAMPA FL 33677**

2. Principal Place of Business

**8726 North HAMMER**

3. Mailing Address

**P.O. Box 45205**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAMPA FL**

City & State

**TAMPA FL**

City & State

4. FEI Number **59-3616281**

Applied For

Not Applicable

Zip Country

**33604**

Zip Country

**33677**

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

6. Name and Address of Current Registered Agent

**STANCHIU, JORGE  
6403 N ROME AVE  
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name **STANCHIU JORGE**

Street Address (P.O. Box Number is Not Acceptable)

**8726 North HAMMER AVE**

City **TAMPA**

FL

Zip Code **33604**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **STANCHIU, JORGE**  
STREET ADDRESS **PO BOX 45205**  
CITY-ST-ZIP **TAMPA FL 33677**

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

TITLE **VP** ☒ Delete  
NAME **STANCHIU, ADNERLY**  
STREET ADDRESS **6403 N ROME AVE**  
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 another duly empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/02 (813) 9185436**

Date

Daytime Phone #

CR2E034 (4/02)