

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33194

1. Entity Name

PALM COAST MAINTENANCE & PROPERTY MANAGEMENT, IN

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90991 019 \*\*\*150.00

Principal Place of Business

Mailing Address

3961 EDGAR AVE  
 BOYNTON BEACH FL 33436  
 US

3961 EDGAR AVE  
 BOYNTON BEACH FL 33436-2729  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3051336

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

**BROWN, WILLIAM**  
**3961 EDGAR AVE**  
**BOYNTON BCH FL 33436**

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

(NOTE: Registered Agent signature required when reinstating)

4-25-2000  
 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, 2000 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 **PSTO** ☒ Delete

NAME **BROWN, WILLIAM M.**  
 STREET ADDRESS **3961 EDGAR AVE**  
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **President, Treasurer** ☐ Delete

NAME **Brown William M.**  
 STREET ADDRESS **3961 Edgar Ave**  
 CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Vice President + Secretary** ☐ Change ☒ Addition

NAME **Christine M. Brown**  
 STREET ADDRESS **3961 Edgar Ave**  
 CITY-ST-ZIP **Boynton Beach FL 33436**

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: William M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 2000  
 Date

561-736-0841  
 Daytime Phone #

CR2E034 (9/99)