

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34915

1. Entity Name

D & C BUILDING MAINTENANCE, INC.

Principal Place of Business

POST OFFICE BOX 2472
1191 SAWMILL CT.
WINTER PARK FL 32792
US

Mailing Address

POST OFFICE BOX 2472
GOLDENROD FL 32733

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 620672

DAVID, FL

32762-0672

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID HEIDENTHALER
1191 SAW MILL COURT
WINTER PARK FL 32792

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 ☐ Delete
NAME PTD
STREET ADDRESS HEIDENTHALER, DAVID
CITY-ST-ZIP 1191 SAW MILL COURT
WINTER PARK FL

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

TITLE ☐ Delete
NAME SV
STREET ADDRESS HEIDENTHALER, CARIDAD
CITY-ST-ZIP 1191 SAW MILL COURT
WINTER PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID HEIDENTHALER 4-25-01 407 627-1592

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90045 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)