

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V04078**1. Entity Name  
**DIVERSIFIED MAINTENANCE, INC.****Principal Place of Business**

416 HICKORY ROAD

APOPKA  
32712

FL

**Mailing Address**

416 HICKORY ROAD

APOPKA  
32712

FL

**2. Principal Place of Business**

120 MADEIRA AVE

**3. Mailing Address**

120 MADEIRA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ORLANDO

FL

**City & State**

ORLANDO

FL

**4. FEI Number****59-3100815**

Applied For

Not Applicable

Zip  
32825

Country

Zip  
32825

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ECKER, DOUGLAS R., JR.**  
416 HICKORY ROADAPOPKA  
32712

FL

US

**7. Name and Address of New Registered Agent****Name****CRAFT, EDWARD A.**

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

120 MADEIRA AVE

City  
ORLANDO

FL

Zip Code  
32825

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 **EDWARD A CRAFT**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2001**

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**

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAFT EDWARD A. JR.	
STREET ADDRESS	14887 OLDHAM DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ECKER, BRENDA	
STREET ADDRESS	416 HICKORY ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	ECKER, DOUGLAS R., JR.	
STREET ADDRESS	416 HICKORY ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT EDWARD A.	
STREET ADDRESS	120 MADEIRA AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, JESSIE K.	
STREET ADDRESS	620 PATTON COVE RD. APT A	
CITY-ST-ZIP	SWANNANOVA NC 28778	
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, EDWARD A., JR.	
STREET ADDRESS	620 PATTON COVE RD APT A	
CITY-ST-ZIP	SWANNANOVA NC 28778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: EDWARD A CRAFT JR**

PDT

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)