

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90600 017 \*\*\*150.00

DOCUMENT # V04078

1. Entity Name

DIVERSIFIED MAINTENANCE, INC



**DO NOT WRITE IN THIS SPACE**

**90007535**

2. Principal Place of Business

120 MADEIRA AVENUE

3. Mailing Address

P.O. BOX 677265

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  
USA

Zip  
32867

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EDWARD A. CRAFT

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

120 MADEIRA AVENUE

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

SIGNATURE

*Edward A. Craft*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D/S/T	EDWARD A. CRAFT	120 MADEIRA AVENUE	ORLANDO, FL 32825
V	PATRICIA A. CRAFT	120 MADEIRA AVENUE	ORLANDO, FL 32825

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward A. Craft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

407/381-9929

Daytime Phone #

CR25034B (12/02)