2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received changed, or on an attachment w

SIGNATURE:

FILED May 13, 2002 8:00 am & Secretary of State DOCUMENT # V16345 1. Entity Name 05-13-2002 90142 013 ***150 00 PALM COAST PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address **3420 45TH STREET 3420 45TH STREET** WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0319106 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAPPOLD, DANIEL E. Street Address (P.O. Box Number is Not Acceptable) 3420 45TH STREET #11 WEST PALM BEACH FL 33407 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE **Change** ☐ Addition RAPPOLD DANIEL E. 8568 Coconut Blvd. RAPPOLD, DANIEL E NAME NAME 101 TIMBER RUN E. STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33412 WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE □ Delete TITLE ☐ Addition RAPPOLD, PAULAJ 8568 Coconut Blud. West Palm Beach IFL 33412 RAPPOLD, PAULA J NAME NAME STREET ADDRESS 101 TIMBER RUN E. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP ~ □ Delete ÍπĒ ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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