FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28305

1. Entity Name
M.E.D. MAINTENANCE, INC.

Principal Place of Business	Mailing Address
2300 GRIFFIN RD. SUITE 10D DANIA, FL 33312	2300 GRIFFIN RD. SUITE 10D DANIA, FL 33312

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
130 ELEUTHERA DR.	P.O. BOX 1334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA. FL.	City & State: DANIA FL.
Zip: 33004 Country: USA	Zip: 33004-1334 Country: USA

4. FEI Number: 65-0319739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEUTSCH, BRIGITTE
2300 GRIFFIN RD.
SUITE 10D
DANIA, FL 33312

7. Name and Address of New Registered Agent

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

SIGNATURE Brigitte Deutsch
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEUTSCH, BRIGITTE ~~2300 GRIFFIN RD. #10D~~ ~~DANIA, FL 33312~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEUTSCH BRIGITTE P.O. BOX 1334 DANIA FL. 33004-1334	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.