

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90010 046 \*\*\*150.00

DOCUMENT # V48201

1. Entity Name

EGGERS MAINTENANCE, INC.

Principal Place of Business

Mailing Address

1047 HARBOR LAKE DRIVE  
UNIT B  
SAFETY HARBOR FL 34695

1047 HARBOR LAKE DRIVE  
UNIT B  
SAFETY HARBOR FL 34695-2311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3139227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGGERS, CHARLES  
1047 HARBOR LAKE DR.  
UNIT B  
SAFETY HARBOR FL 34695

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	EGGERS, CHARLES	1047 HARBOR LAKE DR., #B	SAFETY HARBOR FL	
DS	EGGERS, SHIRLEY	1047 HARBOR LAKE DR., #B	SAFETY HARBOR FL	
DV	EGGERS, RANDALL	1047 HARBOR LAKE DR., #B	SAFETY HARBOR FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

1/31/00

Date

(727) 726-0588

Daytime Phone #

CR2E034 (9/99)