2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Addrose

V60063 DOCUMENT

1. Entity Name

Principal Place of Business

SIGNATURE:

PROFESSIONAL MAINTENANCE MANAGEMENT, INC.



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90386 029 ***150.00

6613 N 11 ST TAMPA FL 33	•	6613	6613 N 11 ST TAMPA FL 33604				I SERIA BUMBA BUMI BUMI BENJA BRIJA BRIJA					
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 59-3141783			Applied For	
Zip		Country	Zip		Cour	Country		5. Certificate of Status Desired		Not Applicable 8.75 Additional ee Required		
	6. Name a	and Address of Currer	nt Register	ed Agent	Щ	Τ	7.	Name and Address of New Reg		<u> </u>		┨
						- Name		tionic and Address of New York				1
CARLEVALE, DAVID JOHN												
6613 N 11 ST				S			Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FI		· 表数:4				<u> </u>						1
IAMEATI	. 00007	- 				<u> </u>				1		1
+ + + X		(克) () ()				City			FL	Zip Cod	de	
8. The above the obligation of the obligation of the street of the stree	tions of register	red agent.						ent, or both, in the State of Florid		miliar with	, and accept	
	Signature, typed d	printed name of registered age	nt and title if app	plicable. (NOT	TE: Registere	d Agent signature requ	ired when n	einstating)	DATE]
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.0 Florida Department						9. Election Campaign Finan- Trust Fund Contribution.	cing		00 May Be d to Fees	
10.		OFFICERS AN	D DIRECTO	DRS	11.		AE	DITIONS/CHANGES TO OFFICE	RS AND [DIRECTOR	₹S IŅ 11	1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARLEVALE 6613 N 11 S TAMPA FL	, david John St		☐ Delete		- 1				Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP						E Et address -St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	☐ Addition	
indicated of the cor	on this report of poration or the	or supplemental report	is true and powered to	accurate and that report	my signat as requir	ure snall have th	e same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	n: that Lam	í an officer	r or director	