FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # V62392** 1. Entity Name INDUSTRIAL FLOOR MAINTENANCE, INC. 04-09-2001 90066 046 \*\*\*150.00 Principal Place of Business Mailing Address 9301 NE 6TH AVE. 9301 NE 6TH AVE. SUITE C307 SUITE C307 MIAMI SHORES FL 33138-2855 MIAMI SHORES FL 33138-2855 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 65-0355982 Not Applicable Zip Country 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 MCCOY, JAMES A JR Street Address (P.O. Box Number is Not Acceptable) 325 NE 96TH ST MIAMI SHORES FL 33138 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE MCCOY, JAMES A JR NAME 325 NE 96TH ST STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MCCOY, ANNE NAME NAME 325 NE 96TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP - Delete - --TITLE Change ☐ Addition TITLE 421 GRAND CONCOURSE #9 MIAMI SHORES, FL 33138 GEORGE, MARTIN NAME NAME 320 NW 126TH ST STREET ADDRESS STREET ADDRESS N MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 powered.

SIGNATURE:

AMES A. MCCOY JR 4/5/01