

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90212 044 \*\*\*150.00

**DOCUMENT # V68989**

1. Entity Name

**MAINTENANCE MANAGEMENT ENTERPRISES, INC.**

Principal Place of Business

**400 FLAMINGO AVE  
 STUART FL 34996  
 US**

Mailing Address

**P.O. BOX 2274  
 STUART FL 34995-2274**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0361648**

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

**MORTELL, EDWIN E., III  
 400 FLAMINGO AVE  
 STUART FL 34996**

Name

**Mortell, Edwin E., III**

Street Address (P.O. Box Number is Not Acceptable)

**301 E. Ocean Blvd Suite 200**

City

**Stuart**

**FL**

Zip Code

**34994**

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

**Edwin E. Mortell, III**

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, 2001 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 **PD** ☐ Delete  
 NAME **BARATTA, ROBERT O**  
 STREET ADDRESS **21 S.E. HARBOR POINT DR.**  
 CITY-ST-ZIP **STUART FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **BARATTA, SCOTT**  
 STREET ADDRESS **21 S.E. HARBOR POINT DR.**  
 CITY-ST-ZIP **STUART FL**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **Baratta, Scott**  
 STREET ADDRESS **3484 SW Forest Hills Court**  
 CITY-ST-ZIP **Palm City FL 34990**

TITLE **SD** ☐ Delete  
 NAME **BARATTA, CAROL**  
 STREET ADDRESS **21 S.E. HARBOR POINT DR.**  
 CITY-ST-ZIP **STUART FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MORTELL, MELISSA A.**  
 STREET ADDRESS **124 SE WELLS RD**  
 CITY-ST-ZIP **STUART FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **PARKER, RONALD C**  
 STREET ADDRESS **3571 S.E. COURT DRIVE**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBERT O. BARATTA, III** 4-11-01 3515

CR2E034 (10/00)