

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 048 ****55.00

0065323

DOCUMENT # L01000019812

1. Entity Name
MAID IN AMERICA OF TAMPA BAY, LLC



Principal Place of Business
**2242 US HWY 19
HOLIDAY FL 34691**

Mailing Address
**PO BOX 3823
HOLIDAY FL 34690**



2. Principal Place of Business
5019 Zodiac Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 3823
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Holiday, Fla
Zip
34690 Country
USA

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Holiday, Fla
Zip
34690 Country
USA

4. FEI Number **59-3757853**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, J. HENRY
107 MARSHALL STREET
SAFETY HARBOR FL 34695**

Name **Teri L. Nolan**
Street Address (P.O. Box Number is Not Acceptable)
5019 Zodiac Ave
City **Holiday** FL Zip Code **34690**

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 **Teri L. Nolan (owner)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE **04.25.03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, J. HENRY 107 MARSHALL STREET SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOLAN, TERI 5019 ZODIAC AVE HOLIDAY FL 34690 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Teri L. Nolan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **04.25.03** 727-505-4907
Date Daytime Phone #

CR2E083 (10/02)