2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State DOCUMENT # L25577 1. Entity Name PRO CLEAN BUILDING MAINTENANCE, INC. 04-23-2000 90001 010 ***150.00 Principal Place of Business Mailing Address 2304 ALOMA AVE 2304 ALOMA AVE STF 200 STE 200 WINTER PARK FL 32792 WINTER PARK FL 32792-3330 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2980456 Not Applicable Country \$8.75 Additional Country Ζip , 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZERIVITZ, DONALD Street Address (RO, Box Number is Not Acceptable) 872 CYNTHIANNA CIRCLE **ALTAMONTE SPRINGS FL 32701** SUITE 200 WINTER PARK 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 6 \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE ZERIVITZ, DONALD NAME 2304 ALOMA AVE., SUITE 200 STREET ADDRESS STREET ADDRESS 872 CYNTHIANNA CIRCLE WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIF **ALTAMONTE SPRINGS FL 32701** Change Addition Delete TITLE TITLE zerivitz, lee NAME NAME 2304 ALOMA AVE., SVITE 200 WINTER PAKK, FL 32792 1243 VIA ESTRELLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-3-00

1607-740-5554

☐ Change

☐ Addition

Daytime Phone #

CR2E034 (9/9