

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90097 050 \*\*\*150.00

0626591

**DOCUMENT # L60325**  
 1. Entity Name  
**PARTNERS IN GRIME CLEANING, INC.**

Principal Place of Business      Mailing Address  
**2298 ULMENTON RD**      **2298 ULMENTON RD**  
**407**      **407**  
**LARGO FL 33771**      **LARGO FL 33771**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**66306 ESSEX RD**      **66306 ESSEX RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pinellas Park**      **PINELLAS PARK, FL**  
 Zip      Zip      Country      Country  
**FL**      **33782, USA**      **33782**      **USA**

4. FEI Number      Applied For  
**59-2995012**       Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROWN, MICHAEL**  
~~2298 ULMENTON RD~~      **66306 ESSEX RD**  
~~APT 407~~      **PINELLAS PARK, FL**  
~~LARGO FL 33771~~      **33782**

7. Name and Address of New Registered Agent  
 Name      **BROWN, MICHAEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**66306 ESSEX RD**  
 City      **PINELLAS PARK FL**      Zip Code  
**33782**

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      **Michael Brown, President M.D. Brown**      DATE      **11 April 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, MICHAEL, D</b>	
STREET ADDRESS	<b>12720 RIDGE RD.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, PATRICIA, R</b>	
STREET ADDRESS	<b>12720 RIDGE RD.</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Michael D</b>	
STREET ADDRESS	<b>66306 ESSEX RD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Patricia R</b>	
STREET ADDRESS	<b>66306 ESSEX RD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33782</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      **M.D. Brown, Michael Brown, President, 11 April 2001**      Date      **(727) 5488789** Daytime Phone #

CR2E034 (10/00)