2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State P01000071613 DOCUMENT # 1. Entity Name 04-22-2002 90324 001 ***150.00 DEBORAH SOMMERS CLEANING, INC. Principal Place of Business Mailing Address 1261 DATON ROAD SW 1261 DATON ROAD SW PLAM BAY FL 32908 PLAM BAY FL 32908 2. Principal Place of Business 3. Mailing Address 1235 WATCI DANBUR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59 - 3° Not Applicable PALM \$8.75 Additional П 5. Certificate of Status Desired Fee Required TEVAT 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOMMERS, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 1261 DATON ROAD SW PLAM BAY FL 32908 Zip Code City 3 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 DEBORAL SOMMERS 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. President ☐ Delete TITLE TITLE Sommers, Deborah SOMMERS, DEBORAH NAME NAME STREET ADDRESS 131! DANBURY STSW STREET ADDRESS 1261 DATON ROAD SW CITY-ST-ZIP PLAM BAY FL 32908 PAIM BAY CITY-ST-ZIP Change Addition vice president ☐ Delete TITLE TITLE NAME ommers, William SOMMERS, WILLIAM NAME DANBURY STSW STREET ADDRESS STREET ADDRESS 1261 DATON ROAD SW CITY-ST-ZIP MBAY FIA 32908 PLAM BAY FL 32908 CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Scibert GARY 2912 CENTURY OAKS CITCLE MALABOR, PLA 32950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: DESOTATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/12/02 Date

321-720-36P/

Daytime Phone #

FILED