

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90771 049 ***150.00

0634720 AT

DOCUMENT # P01000071613

1. Entity Name
DEBORAH SOMMERS CLEANING, INC.



Principal Place of Business
**1311 DANBURY STREET SW.
PALM BAY FL 32908**

Mailing Address
**1235 WATERWAY STREET S.W
PALM BAY FL 32908**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1311 DANBURY ST SW
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Bay FLA

City & State
Palm Bay FLA

Zip
32908

Country
BREVARD

4. FEI Number **59-3733954**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SOMMERS, DEBORAH
1261 DATON ROAD SW
PLAM BAY FL 32908**

7. Name and Address of New Registered Agent

Name
Deborah Sommers

Street Address (P.O. Box Number is Not Acceptable)
1311 DANBURY ST SW

City
Palm Bay

FL

Zip Code
32908

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 *Deborah Sommers* DATE 4/24/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE PD | <input type="checkbox"/> Delete |
| NAME SOMMERS, DEBORAH | |
| STREET ADDRESS 1311 DANBURY STREET S.W. | |
| CITY-ST-ZIP PALM BAY FL 32908 | |
| TITLE VD | <input type="checkbox"/> Delete |
| NAME SOMMERS, WILLIAM | |
| STREET ADDRESS 1311 DANBURY STREET S.W. | |
| CITY-ST-ZIP PLAM BAY FL 32908 | |
| TITLE SD | <input type="checkbox"/> Delete |
| NAME SEIBERT, GARY | |
| STREET ADDRESS 2912 CENTURY OAKS CIRCLE | |
| CITY-ST-ZIP MALABAR FL 32950 | |
| 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 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 | |
| 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 | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Sommers* DATE: 4/24/03 321-720-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)