

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-13-2003 90073 009 ***150.00

DOCUMENT # P02000011674



1. Entity Name
JM CLEANING SERVICE INC.

33093470

Principal Place of Business
**4320 UNSBEAM ROAD APT 215
JACKSONVILLE FL 32257**

Mailing Address
**4320 UNSBEAM ROAD APT 215
JACKSONVILLE FL 32257**



2. Principal Place of Business
4320 Sunbeam Rd

3. Mailing Address
4320 Sunbeam Rd

Suite, Apt. #, etc.
215

Suite, Apt. #, etc.
215

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville Florida

City & State
Jacksonville

4. FEI Number
03-0382793

Applied For
 Not Applicable

Zip
32257

Country
United States

Zip
32257

Country
United States

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZUELOS, MARIA E
4320 UNSBEAM ROAD APT 215
JACKSONVILLE FL 32257**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Maria E. Mazuelos*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZUELOS, MARIA E 4320 UNSBEAM ROAD APT 215 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRESNO, JULIO A 4320 UNSBEAM ROAD APT 215 JACKSONVILLE FL 32257	<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"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: **W SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-09-03** Daytime Phone # **904-262-2147**