2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90121 008 ***158 75

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1. Entity Na		# P0200 CLEANING, INC.	00053423	i /				02 20 2		0121	000	130.73	
1231 LANCE	ace of Busines ELOT WAY RRY FL 32707	ss	Mailing Address 1231 LANCELOT WAY CASSELBERRY FL 32707				l (BSI)JBi je bi		PBIII Abere	2 4124 4140	O tilti bis	18 1/488 enn 1480	
2. Principal	Place of Busin	ness	3. Mailing Address	•		-							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State		4. FEI Number 3.6753-57 Applied For Not Applied For						7		
Zip Country			Zip	Count	try	5. Certif	ficate of State	us Desired			.75 Ac	lditional	
	6. Name	and Address of Current F	Registered Agent			7. Name	e and Addre	s of New I	Register	ed Age	nt		٦.
	-				_Name						_ 1 _		7
MOYA, N	MARITZA	~ ~~.								/			_
1231 LANCELOT WAY					Street Address	(P.O. Box N	umber is Not	Acceptable	e)				1
CASSELE	BERRY FL 3	2707 ·		1		•						 .	┥
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				ŀ	City				F	FL	Zip Cod	de	
8. The above	e named entit	y submits-this statement for	the purpose of changing its	registere	d office or register	red agent, o	or both, in the	State of Fl	orida. La	am fami	liar with.	and accept	┨
the obliga	ations of regist	ered agent.		-	·	•							
SIGNATURE													
SIGNATORIE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	Registered	Agent signature required	d when reinstatin	10)		DA	TE			1
			nd title if applicable. (NOTE:	: Registered	Agent signature required	d when reinstatin	19)		DAT	TE	·		_
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12. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplimental 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 withan address, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

29/03 407-6

407-649-7430