

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90266 005 ***150.00

DOCUMENT # P97000098735

1. Entity Name
ALL CLEAN COMMERCIAL CLEANING SERVICE, INC.

| | |
|--|---|
| Principal Place of Business 5010 HEADLAND HILLS TAMPA FL 33625 | Mailing Address 5010 HEADLAND HILLS TAMPA FL 33625-3324 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|---------------------------------|----------------|
| City & State | City & State | 4. FEI Number 59-3479308 | Applied For |
| | | | Not Applicable |

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**COLE, KIMBERELY W CPA
 7628 N. 56TH STREET
 SUITE #15
 TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name: **HILARIA TOLLEY**
 Street Address (P.O. Box Number is Not Acceptable): **5010 HEADLAND HILLS AVE**
TAMPA, FL 33625
 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.

SIGNATURE: *Hilaria Tolley* (NOTE: Registered Agent signature required when reinstating) DATE: **1-27-00**

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOLLEY, WILLIAM 5010 HEADLAND HILLS TAMPA FL 33625 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOLLEY, HILARIA 5010 HEADLAND HILLS TAMPA FL 33625 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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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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: *Hilaria Tolley* DATE: **4-12-00** DAYTIME PHONE #