

FILED
Jun 12, 2003 8:00 am
Secretary of State

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/28/

04-28-2003 91349 018 ***150.00

DOCUMENT # P98000040419

1. Entity Name
SERVICE SOLUTIONS CLEANING SERVICE, INC.



55047768

Principal Place of Business
14450 46 ST. NORTH
STE 118
CLEARWATER FL 33762
US

Mailing Address
PO BOX 18140
CLEARWATER FL 33762
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3508373

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

COSNOW, JEFFREY E
3450 EAST LAKE ROAD
PALM HARBOR FL 34885

7. Name and Address of New Registered Agent

Name Cianfrone, Joseph R
Street Address (P.O. Box Number is Not Acceptable) 14450 46th St., Suite 116
City Clearwater FL Zip Code 33762

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: *Joseph E. Cosnow*

6/6/03

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD
NAME RAFTER, JENNIFER
STREET ADDRESS 14255 49TH ST NORTH STE 302
CITY- ST- ZIP CLEARWATER FL 33762 Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE PD
NAME RAFTER, CLIFF
STREET ADDRESS 14255 49TH ST NORTH STE 302
CITY- ST- ZIP CLEARWATER FL 33762 Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

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TITLE Delete

TITLE Change Addition

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: *SIGNATURE REQUIRED*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 727-507-9482

CR20034 (10/02)