

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/7

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 03-07-2000 90054 040 \*\*\*150.00

DOCUMENT # P99000010136  
 1. Entity Name  
JC'S CONSTRUCTION CLEANING, INC.

Principal Place of Business Mailing Address  
8280 SOMMERSET DRIVE LARGO, FL. 33773

2. Principal Place of Business 3. Mailing Address  
8280 SOMMERSET DR. 8280 SOMMERSET DRIVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
LARGO, FLORIDA LARGO, FLORIDA

Zip Country Zip Country  
33773 PINELLAS 33773 PINELLAS

EIN  
 (A) 59-3556252 (LIC)  
 DO NOT WRITE IN THIS SPACE  
P99000010136  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
WILLIAM F. CLARKE  
8280 SOMMERSET DRIVE OR  
LARGO, FL. 33773  
SPIEGEL + UTRERA, P.A.  
343 ALMERIA AVE. CORAL GABLES, FLORIDA 33134  
 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.

SIGNATURE  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
**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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>WILLIAM F. CLARKE</u>		STREET ADDRESS		
CITY - ST - ZIP	<u>8280 SOMMERSET DRIVE</u>		CITY - ST - ZIP		
	<u>LARGO, FLORIDA 33773</u>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>VICE PRESIDENT</u>		STREET ADDRESS		
CITY - ST - ZIP	<u>JANIS E. FEDEROWICZ</u>		CITY - ST - ZIP		
	<u>8280 SOMMERSET DRIVE</u>				
	<u>LARGO, FL. 33773</u>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: William F. Clarke 3/1/00 727 581-0742  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)