

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90023 041 ***150.00

DOCUMENT # P99000060516

1. Entity Name

IRENE & AL'S CLEANING SERVICE INC.

Principal Place of Business

Mailing Address

7499 46TH AVENUE NORTH LOT 15
 ST. PETERSBURG FL 33709

7499 46TH AVENUE NORTH LOT 15
 ST. PETERSBURG FL 33709-2530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3590795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOGGETT, ALLEN B
7499 46TH AVENUE NORTH LOT 15
ST. PETERSBURG FL 33709

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		P	
STREET ADDRESS		NAME	ALLEN B. DOGGETT
CITY-ST-ZIP		STREET ADDRESS	7499 46TH AVE. N. LOT 15
		CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	<input type="checkbox"/> Delete	TITLE	VP
NAME		NAME	IRENE A. DOGGETT
STREET ADDRESS		STREET ADDRESS	7499 46TH AVE. N. LOT 15
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	<input type="checkbox"/> Delete	TITLE	S
NAME		NAME	ALLEN B. DOGGETT
STREET ADDRESS		STREET ADDRESS	7499 46TH AVE. N. LOT 15
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	<input type="checkbox"/> Delete	TITLE	T
NAME		NAME	ALLEN B. DOGGETT
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CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

727-548-5272
 Date Daytime Phone #