

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90049 026 \*\*\*150.00

**DOCUMENT # P99000083702**

1. Entity Name  
**4 STAR CONSTRUCTION CLEANING INC.**

Principal Place of Business      Mailing Address  
**2730 CANDLEWOOD CT.**      **2730 CANDLEWOOD CT.**  
**APOPKA FL 32703**      **APOPKA FL 32703-4996**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2730 CANDLEWOOD CT.**      **2730 CANDLEWOOD CT.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**APOPKA FLA.**      **APOPKA FLA.**

Zip      Country      Zip      Country  
**32703**      **sem.**      **32703**      **sem.**

4. FEI Number      Applied For  
**59-3598042**       Not Applicable

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

6. Name and Address of Current Registered Agent

**STRICKLAND, JOSEPH**  
**2730 CANDLEWOOD CT.**  
**APOPKA FL 32703**

7. Name and Address of New Registered Agent

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 *Joseph Strickland*      Joseph Strickland      3/4/00  
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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>OWNER/PRESIDENT</b>      | <input type="checkbox"/> Delete |
| NAME           | <b>Joseph Strickland</b>    |                                 |
| STREET ADDRESS | <b>2730 CANDLEWOOD CT</b>   |                                 |
| CITY-ST-ZIP    | <b>APOPKA FLA. 32703</b>    |                                 |
| TITLE          | <b>Vice President/owner</b> | <input type="checkbox"/> Delete |
| NAME           | <b>Wanda Webb</b>           |                                 |
| STREET ADDRESS | <b>715 Lake Shore DR</b>    |                                 |
| CITY-ST-ZIP    | <b>GUSTIS Fla. 32726</b>    |                                 |
| TITLE          | <b>OWNER/Sec</b>            | <input type="checkbox"/> Delete |
| NAME           | <b>Wanda Strickland</b>     |                                 |
| STREET ADDRESS | <b>2730 CANDLEWOOD CT.</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA Fla 32703</b>     |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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: *Joseph Strickland*      Joseph Strickland      3/4/00      407-862 1512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)