

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90489 022 \*\*\*150.00

**DOCUMENT # P99000107509**

1. Entity Name  
**T.G.S. CLEANING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>6929 VICKIE CIRCLE<br/>         WEST MELBOURNE FL 32904</b> | Mailing Address<br><b>6929 VICKIE CIRCLE<br/>         WEST MELBOURNE FL 32904</b> |
|---|---|

**C0035227**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3611023</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|  |  |  |  |  |  |          |  |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent                                      |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>GRANT, DEBRA L<br/>         59 KATHERINE BLVD<br/>         MELBOURNE FL 32904</b> |  |  |  | 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                            |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |  |
|----------------------------|----------------------------|---------------------------------|--|---|--|--|--|
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>PARIZEK, KENNETH D</b>  |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | <b>59 KATHERINE BLVD</b>   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | <b>MELBOURNE FL 32904</b>  |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>GRIFFIN, GARY W</b>     |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | <b>2190 MARYLAND AVE</b>   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | <b>TITUSVILLE FL 32796</b> |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | <b>DST</b>                 | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>GRANT, DEBRA L</b>      |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | <b>59 KATHERINE BLVD</b>   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | <b>MELBOURNE FL 32904</b>  |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | <b>DP</b>                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>GRIFFIN, DIANE J</b>    |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | <b>2190 MARYLAND AVE</b>   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | <b>TITUSVILLE FL 32796</b> |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                            |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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:** Debra Lee Grant **1-30-01** **321-951-4878**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0077497  
CR2E034 (10/00)