

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0138066 AT

DOCUMENT # F02000002192

1. Entity Name

A-1 PROFESSIONAL EXHAUST CLEANING, INC.



Principal Place of Business

444 MAPLE AVE
SHEFFIELD LAKE OH 44054

Mailing Address

P.O. BOX 3473
FT. MYERS FL 33918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

34-1760407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF S.FLA.
13571 MCGREGOR BLVD. #22
FT. MYERS FL 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
KAMINSKI, RICHARD R
444 MAPLE AVENUE
SHEFFIELD LAKE OH 44054 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCV
RAUSCHER, WALTER G JR.
967 HARRIS RD.
SHEFFIELD VILLAGE OH 44054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023049522
09/15/03--01055--001 **300.00 ☐ Change ☐ Addition

TITLE
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☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1704

846-949-2200

CR2E034 (4/03)

FILED
03 SEP 16 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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8-18-03

Date

440-949-2200

Daytime Phone #