

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90035 047 \*\*\*150.00

DOCUMENT # **K04948**

1. Entity Name **KRACKER JAX CLEANING SERVICE INC.**

**DO NOT WRITE IN THIS SPACE**

**425691**

2. Principal Place of Business  
**7635 ROCKPORT CIR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7635 ROCKPORT CIR.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LK. WORTH FL.**  
Zip  
**33467**  
Country  
**P.B.**

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**P.B.**

4. FEI Number  
**650018669**  
Applied For  
☐ Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**MICHAEL ZIMMERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**7635 ROCKPORT CIR.**

City  
**LK. WORTH FL.** Zip Code  
**33467**

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**PRESIDENT**  
NAME  
**MICHAEL ZIMMERMAN**  
STREET ADDRESS  
**7635 ROCKPORT CIR.**  
CITY-ST-ZIP  
**LK. WORTH FL. 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**VICE PRESIDENT**  
NAME  
**CYNTHIA ZIMMERMAN**  
STREET ADDRESS  
**7635 ROCKPORT CIR.**  
CITY-ST-ZIP  
**LK. WORTH FL. 33467**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Zimmerman** **MICHAEL ZIMMERMAN** **3-1-02** **5617325259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)