2001 UNIFORM BUSINESS REPORT (UBR)
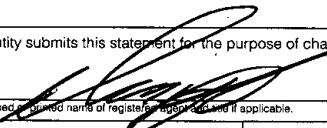
DOCUMENT # L00000002929

1. Entity Name

CLEANER SERVICES, LLC

FILED

Principal Place of Business	Mailing Address
14946 NORTH FLORIDA AVENUE TAMPA FL 33613	14946 NORTH FLORIDA AVENUE TAMPA FL 33613

01 SEP 13 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address *6210 N. Florida Ave*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State *TAMPA, FLA*	4. FEI Number *59-3631205* Applied For / Not Applicable
Zip Country	Zip *33604* Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMPHRIES, J. BOB 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	Name *Henry McNatt, III* Street Address (P.O. Box Number is Not Acceptable) *14946 N. Florida Ave* City *TAMPA* FL Zip Code *33613*

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 _____   *9-10-01*

Signature, typed or printed name of registered agent and if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004610592---8
-09/25/01--01080--003
****200.00 *****50.00

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR NAME ALEXANDER, JEFF STREET ADDRESS 14946 NORTH FLORIDA AVENUE CITY-ST-ZIP TAMPA FL 33613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE *Manager* NAME *Henry McNatt, Jr.* STREET ADDRESS *6210 N. Florida Ave* CITY-ST-ZIP *Tampa, FL 33604* ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ *er.*   *9/5/01*   *(813) 231-6992*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #