

2002 UNIFORM BUSINESS REPORT (UBR)

0001529

DOCUMENT # L01000005761

1. Entity Name
PREFERRED CLEANING, LLC

FILED
02 SEP 23 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business Mailing Address
2250 NANNAS LOOP **2250 NANNAS LOOP**
TALLAHASSEE FL 32303 **TALLAHASSEE FL 32303**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

9/23 DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3636220 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WIDNER, DEBBIE
2250 NANNAS LOOP
TALLAHASSEE FL 32303

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 Debbie Widner Pearson
Signature, typed or printed name of registered agent and title 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 May 1, 2002

800008112598--3
-10/01/02--01008--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDNER, DEBBIE P <i>Name Change to Debbie Pearson</i> <input type="checkbox"/> Delete 2250 NANNAS LOOP TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete WIDNER, TERRY 2250 NANNAS LOOP TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sterling Pearson</i> <input type="checkbox"/> Delete <i>MEM</i> <i>4050 Stancleer Pkct.</i> <i>TALLA, FL 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sterling Pearson 9/20/02 524-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)