2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
07-17-2002 90138 044 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000008041

1. Entity Name
ACCURATE WINDOW CLEANING SERVICE, LLC

Principal Place of Business	Mailing Address
1066 SANCUARY COVE DR. NORTH PALM BEACH FL 33410	1066 SANCUARY COVE DR. NORTH PALM BEACH FL 33410

2. Principal Place of Business		3. Mailing Address	
4371 Northlake Blvd		4371 Northlake Blvd	
Suite, Apt. #, etc. #300		Suite, Apt. #, etc. #300	
City & State Palm Beach Gardens FL.		City & State Palm Beach Gardens FL	
Zip 33410	Country USA Palm Beach	Zip 33410	Country USA

4. FEI Number 65-1120070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ______
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARNIC 185 Cypress Point Drive Palm Beach Gardens, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM MARNIC 185 Cypress Point Drive Palm Beach Gardens FL 33418~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLIED MANAGEMENT 761 W. Sproul Road, Unit 300 Springfield, PA 19064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM Allied management 761 W. Sproul Rd unit 300 Springfield PA 19064~~	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: SIGNATURE REQUIRED Doug Davenport / Doug Davenport 6-1-02 561-632-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #