

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11872

1. Entity Name

ALPHA BUILDING CLEANING SERVICES INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90078 017 ***150.00

838634



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2401 SW RONEY RD
P.O. BOX 1788
STUART FL 34995

Mailing Address
2401 SW RONEY RD
P.O. BOX 1788
STUART FL 34995-1788

2. Principal Place of Business
901 NE Town Terr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1788
Suite, Apt. #, etc.

City & State
Jensen Beach, FL.

City & State
Stuart, FL.

Zip
34957

Country
U.S.

Zip
34995

Country
U.S.

4. FEI Number 65-0134462

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MEANS, LISA
2401 SW RONEY RD
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent
Name Means, Lisa
Street Address (P.O. Box Number is Not Acceptable)
901 NE Town Terr.
City Jensen Beach FL Zip Code 34957

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, LISA		NAME	Means, Lisa	
STREET ADDRESS	2401 SW RONEY RD		STREET ADDRESS	901 NE Town Terr.	
CITY-ST-ZIP	PORT ST LUCIE FL		CITY-ST-ZIP	Jensen Beach, FL. 34957	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, ROBERT		NAME	Means, Robert	
STREET ADDRESS	2401 SW RONEY RD		STREET ADDRESS	901 NE Town Terr.	
CITY-ST-ZIP	PORT ST LUCIE FL		CITY-ST-ZIP	Jensen Beach, FL. 34957	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Means 4-21-00 (561) 334-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)