

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91192 012 \*\*\*150.00

**DOCUMENT # L14410**

1. Entity Name

**STANLEY STEEMER OF BOCA RATON, INC.**

Principal Place of Business

**789 NE 39TH STREET  
BOCA RATON FL 33431  
US**

Mailing Address

**789 NE 39TH STREET  
BOCA RATON FL 33431  
US**

2. Principal Place of Business

**132 NW 10TH AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**132 NW 10TH AVE**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33486**

Country

Zip

**33486**

Country

4. FEI Number

**65-0145792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, RAYNARD A  
789 N.E. 39TH STREET  
SUITE 360  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**RAYNARD A. JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)

**132 NW 10TH AVE.**

City

**BOCA RATON**

FL

Zip Code

**33486**

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

**RAYNARD A. JOHNSON**

**3-31-02**

(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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, RAYNARD A 789 N.E. 39TH ST BOCA RATON FL</b>	<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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAYNARD A. JOHNSON 132 NW 10TH AVE BOCA RATON, FL 33486</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

**SIGNATURE:**

**RAYNARD A. JOHNSON**

**3-31-02 561-391-1712**

Date

Daytime Phone #

CR2E034 (9/01)