

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90066 043 \*\*\*150.00

**DOCUMENT # L61030**

1. Entity Name  
**WHITE GLOVE CLEANING SERVICES OF NORTH FLORIDA, INC.**

Principal Place of Business  
**% AARON HILL**  
**6722 ARLINGTON EXPRESSWAY**  
**JACKSONVILLE FL 32211**

Mailing Address  
**% AARON HILL**  
**P.O. BOX 11827**  
**JACKSONVILLE FL 32211-1827**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6722 Arlington Expressway**

3. Mailing Address

**Aaron Hill**

Suite, Apt. #, etc.

**P.O. Box 11827**

City & State  
**Jacksonville Florida**

City & State  
**Jacksonville, Florida**

4. FEI Number **59-3005722**

Applied For  
 Not Applicable

Zip  
**32211**

Country  
**USA**

Zip  
**32211-1827**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEAS, WILLIAM J.**  
**2215 RIVER BLVD.**  
**JACKSONVILLE FL 32204**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**  
 NAME  
**HILL, AARON**  
 STREET ADDRESS  
**6722 ARLINGTON EXPRESSWAY**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32211**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Aaron Hill**

Date

Daytime Phone #

**2-13-2002 (904) 721-0833**

CR2E034 (9/01)