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03-10-1999 90053 008 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M65305

1. Corporation FLORIDA	Name VIOSOS UNITED CLEANING SERVICE	CES, INC.			
Principal Place	of Business	Mailing Address		Transfer (18 8) 18 8 18 9 18 9 18 9 18 9 18 9 18 9	
4301 32ND ST	w	P.O. BOX 14386			
C-20		BRADENTON FL 34280		DO NOT WORTS IN THE SPACE	
BRADENTON FL	. 34205	US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	$\neg$
บร				01/20/1988	
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number Applied Fo	
21		26		65-0033668 Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	al (
22		27	<del></del>		
City & State		City & State —	· <del>-</del>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
			81 Name		
	D, MARY ANN		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
6209 HERITAGE LANE					
BRAI	DENTON FL 34209		83		1
			84 City	85 Zip Code	-
			'   '	FL   ``	
office or nagent. I as	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida, Such change was at ons of, Section 607.0505, Flor	ithonzed by the comoi	orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registered	t t
	Signature, typed or printed name of registered agent OFFICERS AND	<u></u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ A	ddition
NAME	LAND, MARY ANN		1.2 NAME	Wetzer, Mary Ann (Married 6127198)	,
STREET ADDRESS	6209 HERITAGE LANE		1.3 STREET ADDRESS	7703 25th ANE W	
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP	Bradenton 96 34209	ľ
TITLE	0.0.00	☐ DELETE	2.1 TITLE		Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	د دید با مستقلی برد پیشگشگیسافیتی بیشتر مهمدان در این میبر میرد بید.	-
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ A	ddition
NAME			3.2 NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ A	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	. Change A	Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		- 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		····
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ A	Addition
NAME			6.2 NAME		ł

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941) 751-5115