

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90006 047 ***150.00

0634333 SP

DOCUMENT # M86691

1. Entity Name

K. C. WINDOW CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

**5828 W PORT DR
 PORT ORANGE FL 32127
 US**

**1030 W INT'L SPDWY BLVD
 STE 100
 DAYTONA BEACH FL 32114-3415
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHECTER, RANDAL L
 1030 W INTERNATIONAL SPDWY BLVD
 #100
 DAYTONA BEACH FL 32114**

Name **Randal L. Schechter, Esquire**
 Street Address (P.O. Box Number is Not Acceptable)
175 W. Granada Blvd
Suite 201
 City **Ormond Beach, FL** Zip Code **32174-6362**

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. ☐

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 ☐ Delete
 NAME **PSTV**
 STREET ADDRESS **CLOUTIER, ANDRE Y**
 CITY-ST-ZIP **5828 WEST PORT DRIVE
 PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andre Y. Cloutier, Pres.

Date

Daytime Phone #

3-30-02 (386)-788-0607

CR2E034 (9/01)