

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90003 010 ***150.00

DOCUMENT # P00000001042

1. Entity Name

ALL-BRIGHT CLEANING & MAINTENANCE SUPPLIES AND Services, Inc.

Principal Place of Business

855 SE POLYNESIAN AVENUE
 PORT ST. LUCIE FL 34983

Mailing Address

855 SE POLYNESIAN AVENUE
 PORT ST. LUCIE FL 34983

Principal Place of Business

855 SE Polynesian Ave.
 Port St Lucie FL

3. Mailing Address

855 SE Polynesian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0971173

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34983

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

FERRI, EDWARD JOSEPH
 855 SE POLYNESIAN AVENUE
 PORT ST. LUCIE FL 34983

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 Edward Joseph Ferri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Edward Joseph Ferri	
STREET ADDRESS	855 SE Polynesian Ave	
CITY-ST-ZIP	Port St Lucie, FL 34983	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Rosann Ferri	
STREET ADDRESS	855 SE Polynesian Ave	
CITY-ST-ZIP	Port St Lucie FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rosann Ferri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 5618783122

Date

Daytime Phone #

CR2E034 (10/00)