

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0600176 AV

DOCUMENT # P00000029378

1. Entity Name
AAC CLEANING SPECIALISTS, INC.



04-21-2003 90490 006 ***150.00

Principal Place of Business
**2375 OAKWIND CT.
ST. CLOUD FL 34772**

Mailing Address
**2375 OAKWIND CT.
ST. CLOUD FL 34772**



2. Principal Place of Business

2025 JAN CAN BLVD

3. Mailing Address

2025 JAN CAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ST CLOUD

City & State

ST CLOUD

4. FEI Number

59-3634271

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

34772

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, WARREN C
2375 OAKWIND CT.
ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent

Name

Lesbia M CANALS

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

2025 JAN CAN BLVD

City

ST CLOUD

FL

Zip Code

34772

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Lesbia M CANALS

4-17-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CANALS, RUBEN A**
STREET ADDRESS **32 WHITE MARSH CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☒ Delete
NAME **MURRAY, WARREN C**
STREET ADDRESS **2375 OAKWIND CT.**
CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2025 JAN CAN BLVD**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE ☐ Change ☒ Addition
NAME **LESBIA M CANALS**
STREET ADDRESS **2025 JAN CAN BLVD**
CITY-ST-ZIP **ST CLOUD FL 34772**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **RUBEN A CANALS**

4-17-03

**407
854-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)