FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

03 DEC -8 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name P00000032015

BROCKETT'S CLEANING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1674 University Parkway	1674 University Parkway
Suite, Apt. #, etc.: Lot 243	Suite, Apt. #, etc.: Lot 243
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34243 Country:	Zip: 34243 Country:

4. FEI Number: 65-0995748 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brockett, Charles E.

Street Address (P.O. Box Number is Not Acceptable): 1674 University Parkway, Lot 243

City: Sarasota **FL** Zip Code: 34243

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: Charles E Brockett 12-3-2003

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSD	TITLE	
NAME	Charles E. Brockett	NAME	300025312073
STREET ADDRESS	1674 University Pkwy, #243	STREET ADDRESS	12/08/03--01014--009 **61.25
CITY-ST-ZIP	Sarasota, FL 34243	CITY-ST-ZIP	
TITLE	VPT	TITLE	
NAME	Sabine E. Ermilio	NAME	
STREET ADDRESS	2721 Stratford Dr	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34232	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Brockett Charles E Brockett 12-3-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #