

7/31/01-90014-032-\$150.00-\$150.00

PRC/STU

U125/88 A1

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036151

1. Entity Name  
TJS COMMERCIAL CLEANING CORP.

Principal Place of Business  
10709 ALICO PASS  
NEW PORT RICHEY FL 34655

Mailing Address  
10709 ALICO PASS  
NEW PORT RICHEY FL 34655

FILED

01 SEP 27 PM 12:00

SECRETARY 00059819  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
52-2195656

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SCHIRO, MARIA A.  
10709 ALICO PASS  
NEW PORT RICHEY FL 34655

Name: Thomas Schiro  
Street Address: 10709 ALICO PASS  
City: N. P. R. FL Zip: 34655

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: *Thomas Schiro*

(NOTE: Registered agent signature required when re-registering)

DATE: 7/20/01

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

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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: PRESIDENT  
NAME: MARIA A SCHIRO  
STREET ADDRESS: 10709 ALICO PASS  
CITY-ST-ZIP: NEW PORT RICHEY, FL

TITLE: PRESIDENT  
NAME: Thomas Schiro  
STREET ADDRESS: 10709 ALICO PASS  
CITY-ST-ZIP: NEW PORT RICHEY, FL 34655

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Thomas Schiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Schiro  
10709 ALICO PASS

7/20/01

Daytime Phone #

CR2E034 (9/01)

# TJS COMMERCIAL CLEANING

10709 Alico Pass  
New Port Richey Florida 34655

727-376-4351

9/24/01

To Whom It May Concern,

This letter is followed by my phone conversation on August 8, 2001. This is my second letter. My first letter was sent with my check. My original check was sent on April 15, 2001, Check #0701. I never received my cancelled check. Please accept this check as payment without late fees. My reference number is P00000036151. My FEI number is 52-2195656.

Thank You,

Tom Schiro Jr.

T.J.S. President

