

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000045019

1. Entity Name  
DIRT BUSTERS COMMERCIAL CLEANING COMPANY INC.

Principal Place of Business  
2535 W THARPE ST  
TALLAHASSEE FL 32303

Mailing Address  
PO BOX 38122  
TALLAHASSEE FL 32315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3643177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DOWDELL BRENDA B  
2535 W THARPE ST  
TALLAHASSEE FL 32303

## 7. Name and Address of New Registered Agent

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 **BRENDA B. DOWDELL**

04/28/2001

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) ☒

**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. ☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/> Delete |
|       |      |                |             | <input type="checkbox"/> Delete |
|       |      |                |             | <input type="checkbox"/> Delete |
|       |      |                |             | <input type="checkbox"/> Delete |
|       |      |                |             | <input type="checkbox"/> Delete |
|       |      |                |             | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS          | CITY-ST-ZIP          | DIR | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------------------|-------------------------|----------------------|-----|---------------------------------|----------------------------------------------|
|       | DOWDELL BRENDA B | 2535 WEST THARPE STREET | TALLAHASSEE FL 32303 |     |                                 |                                              |
|       |                  |                         |                      |     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                  |                         |                      |     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                  |                         |                      |     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                  |                         |                      |     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                  |                         |                      |     | <input type="checkbox"/> Change | <input type="checkbox"/> 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: Brenda B. Dowdell

DIR

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)