

FILED
Jun 27, 2003 8:00 am
Secretary of State

6/16

06-16-2003 90136 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000046698			
1. Entity Name PATHER & SON CLEANING SERVICES, INC.			
Principal Place of Business 608 PHOENIX AVENUE CLEARWATER, FL 33756		Mailing Address 608 PHOENIX AVENUE CLEARWATER, FL 33756	
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 59-3844091		Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SCHROEDER, TIMOTHY 608 PHOENIX AVENUE CLEARWATER, FL 33756		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and 509 if applicable. (NOTE: Registered Agent's signature required when statement.) DATE _____			
☐ 5. Election Campaign Financing Trust Fund Contribution.		☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SCHROEDER, TIMOTHY 608 PHOENIX AVENUE CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information included 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 appointed 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 even if my name is not included in Block 10 or Block 11 if I am the registered agent.			
SIGNATURE: _____ (Signature, typed or printed name of signing officer or director) Date _____			

55050055

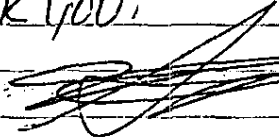
Attachment

55050055
P 00000046696

To Whom It May Concern:

Please accept my \$150.00 and
Re-new my (VBR Report). I didn't receive
my original booklook. I went online and
printed a copy of the form to send in
with my payment.

Thank you,


Tim Schröder/owner operator