## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P00000050688 DOCUMENT # 1. Entity Name - 3 N.M 42 RICHARD REEDY JANITORIAL SERVICE, INC. 05-08-2002 90153 042 \*\*\*150.00 HEIRA CHONGO PEF Principal Place of Business Mailing Address 918 REED CANAL ROAD 918 REED CANAL ROAD INT 266 **LOT 266** SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3645115 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ي سارة ما سيخة مع REEDY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 918 REED CANAL ROAD LOT 266 Zip Code SOUTH DAYTONA FL 32119 City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete TITLE REEDY, RICHARD LEE NAME NAME STREET ADDRESS 918 REED CANAL RD LOT #266 STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP