

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90059 031 ***150.00

DOCUMENT # P00000061892

1. Entity Name
B&L CLEANING, INC.

Principal Place of Business

565 ASBURY AVE., N.E.
PALM BAY FL 32907

Mailing Address

565 ASBURY AVE., N.E.
PALM BAY FL 32907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3656694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICO, BONNIE L
565 ASBURY AVE., N.E.
PALM BAY FL 32907

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

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, 2002 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	DPS	<input type="checkbox"/> Delete
NAME	MICO, BONNIE L	
STREET ADDRESS	565 ASBURY AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JAN IRVIN, LISA	
STREET ADDRESS	516 ASBURY AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MICO, FRANK I	
STREET ADDRESS	565 ASBURY AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACE, ELLIOT	
STREET ADDRESS	601 EMERSON DR.	
CITY-ST-ZIP	PALM Bay, FL 32907	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPLOW, LACEY	
STREET ADDRESS	1273 DOUGLAS ST SE	
CITY-ST-ZIP	PALM Bay, FL 32909	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICO, FRANK I	
STREET ADDRESS	565 ASBURY AVE NE	
CITY-ST-ZIP	PALM Bay, FL 32907	
TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICO, BONNIE L	
STREET ADDRESS	565 ASBURY AVE NE	
CITY-ST-ZIP	PALM Bay, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 addressee with all other like empowered.

SIGNATURE: *Bonnie L Mico* **BONNIE L MICO, Pres. 2/1/02** **(321) 725-2660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)