

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


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90957 027 \*\*\*150.00

0594788 AV

**DOCUMENT # P00000064847**

1. Entity Name  
**CAROLIAN CLEANING SERVICES, INC.**



Principal Place of Business  
**3296 FAIRFIELD DR.  
KISSIMMEE FL 34743**

Mailing Address  
**3286 FAIRFIELD DR.  
KISSIMMEE FL 34743**

**11020724**



2. Principal Place of Business  
**2425 Willow Tree Lane**

3. Mailing Address  
**2425 Willow Tree Lane**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Kissimmee, FL**

City & State  
**Kissimmee, FL**

Zip  
**34758**

Country  
**USA**

4. FEI Number  
**59-3666899**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOJICA, CARLOS**  
**3286 FAIRFIELD DR.**  
**KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2425 Willow Tree Lane**

City  
**Kissimmee**

State  
**FL**

Zip Code  
**34758**

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 *Carlos E. Mojica* (NOTE: Registered Agent signature required when reinstating)

DATE 4-24-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOJICA, CARLOS E</b> <b>3286 FAIRFIELD DR.</b> <b>KISSIMMEE FL 34743</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOJICA, EVELYN</b> <b>3286 FAIRFIELD DR.</b> <b>KISSIMMEE FL 34743</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOJICA, CARLOS E</b> <b>2425 Willow Tree Lane</b> <b>Kissimmee, FL 34758</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOJICA, EVELYN</b> <b>2425 Willow Tree Lane</b> <b>Kissimmee, FL 34758</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos E. Mojica* **4-24-03** **(407) 933-3733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)