

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

DOCUMENT # P00000069811

1. Entity Name  
GLORIOUS CLEANING SERVICE INCORPORATED



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90126 024 \*\*\*150.00

0050459  
AV

Principal Place of Business  
1014 HAMILTON AVE  
PANAMA CITY FL 32401

Mailing Address  
1014 HAMILTON AVE  
PANAMA CITY FL 32401

11029277



2. Principal Place of Business 1014 Hamilton Ave Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State Panama FL	City & State	4. FEI Number 59-3653041	Applied For Not Applicable
Zip 32401	Country Bay	Zip 32401	Country

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

6. Name and Address of Current Registered Agent FRANKLIN, LISA A 1014 HAMILTON AVE PANAMA CITY FL 32401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA FRANKLIN, LISA 1014 HAMILTON AVE PANAMA FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 APR 1 2003

CR2E034 (10/02)