

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90355 028 \*\*\*150.00

**DOCUMENT # P00000076706**

1. Entity Name

**A NEW TECH INTERPRISE CLEANING SERVICE INC.**

Principal Place of Business

**ORANGE COUNTY  
 ORLANDO FL**

Mailing Address

**P.O. BOX 680632  
 ORLANDO FL 32868**

2. Principal Place of Business

**Orange County**

3. Mailing Address

**P.O. Box 680632**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orl, FL**

4. FEI Number

**59-3667631**

Applied For

Not Applicable

Zip

**32868**

Country

**Orange**

Zip

**32868**

Country

**Orange**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, WARREN C  
 2406 CHADWICK COURT  
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **Thomas, Warren C.**

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

**F770 Kennedy Cir # F103**

City **Eatonville**

**FL**

Zip Code **32810**

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 **Warren C. Thomas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5-1-02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, WARREN C</b>	
STREET ADDRESS	<b>2404 CHADWICK STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32018</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, MICHAEL E</b>	
STREET ADDRESS	<b>1717 GLENDALE ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> Delete
NAME	<b>FRADEN, ROBERT</b>	
STREET ADDRESS	<b>2112 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas, Warren</b>	
STREET ADDRESS	<b>F770 Kennedy Cir # F103</b>	
CITY-ST-ZIP	<b>Eatonville FL 32810</b>	
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		
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 address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**5-1-02**

**407-445-0302**

Date

Daytime Phone #

CR2E034 (9/01)