

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90053 038 \*\*\*150.00

0330719 AV

**DOCUMENT # P00000077473**

1. Entity Name

**DEE'S FIRST CLASS CLEANING SERVICE, INC.**

Principal Place of Business

Mailing Address

1859 N. PINE ISLAND ROAD  
 SUITE 178  
 PLANTATION FL 33322

1859 N. PINE ISLAND ROAD  
 SUITE 178  
 PLANTATION FL 33322



2. Principal Place of Business

3. Mailing Address

1844 N. Nob Hill Rd

1844 N. Nob Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#177

#177

City & State

City & State

Plantation

Plantation

Zip

Country

Zip

Country

33322

33322

33322

4. FEI Number

65-1028636

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGRASSO, DELORES

1859 N. PINE ISLAND ROAD

SUITE 178

PLANTATION FL 33322

Name

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

1844 N. Nob Hill Rd #127

City

Plantation, FL 33322 FL

Zip Code

33322

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME LOGRASSO, DOLORES  
 STREET ADDRESS 1859 N. PINE ISLAND RD., STE. 178  
 CITY-ST-ZIP PLANTATION FL 33322

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS 1844 N. Nob Hill Rd #177  
 CITY-ST-ZIP Plantation, FL 33322

TITLE V ☐ Delete  
 NAME LOGRASSO, DOLORES ANN  
 STREET ADDRESS 1859 N. PINE ISLAND RD., #178  
 CITY-ST-ZIP PLANTATION FL 33322

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS 1844 N. Nob Hill Rd #177  
 CITY-ST-ZIP Plantation, FL 33322

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dolores Lograsso

3/17/02 954 382-1145

(1/0) 40404 (9/0)