2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90127 044 ***150.00

DOCUMENT # **P00000079330**

1. Entity Name
TONY MESSINA CLEANING SPECIALIST, INC.

Principal Place of Business	Mailing Address
5107 BURLINGTON AVENUE	711-A W GARDEN STREET
PENSACOLA FL 32505	PENSACOLA FL 32501

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1301 W. GARDEN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State PENSACOLA FL
Zip — Country	Zip 32501 Country

4. FEI Number **59-3668574**

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
BASS & SANDFORT ACCOUNTANTS INC.	Bass & Sandfort Accountants, PA
711-A W GARDEN STREET	1301 W. Garden Street
PENSACOLA FL 32501	Pensacola FL 32501-4504

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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 **PSTD** NAME **AIKEN, DAWN** STREET ADDRESS **5107 BURLINGTON AVENUE** CITY-ST-ZIP **PENSACOLA FL 32505**	☐ Delete	TITLE NAME STREET ADDRESS *P O BOX 1034* CITY-ST-ZIP *PACE FL 32571-0034* — ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED_   04-14-03   995-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #