

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90055 022 ***150.00

DOCUMENT # P00000090308
1. Entity Name
FLORIDA ON-SITE WINDOW TREATMENT CLEANING, INC.

Principal Place of Business **Mailing Address**
940 CLEARWATER-LARGO RD. **940 CLEARWATER-LARGO RD.**
LARGO FL 33770 **LARGO FL 33770**

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
10755 CLARA LANE **10755 CLARA LANE**
City & State **City & State**
ST. PETERSBURG FL **ST. PETERSBURG FL**
Zip **Country** **Zip** **Country**
33708 **FLORIDA** **33708** **FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3672423** **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**
ROBERTS, JANA L **Name** **GREGORY D. RUMMEL**
940 CLEARWATER-LARGO RD. **Street Address (P.O. Box Number is Not Acceptable)**
LARGO FL 33770 **10755 CLARA LANE**
City **ST. PETERSBURG** **FL** **Zip Code** **33708**

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 **Jana L. Roberts** **GREGORY D. RUMMEL** **3/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JANA L		NAME		
STREET ADDRESS	940 CLEARWATER-LARGO RD.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMMEL, GREGORY D		NAME		
STREET ADDRESS	10755 CLARA LANE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 line empowered.

SIGNATURE: **GREGORY D. RUMMEL** **4-25-02** **727-365-9415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)