

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90019 017 \*\*\*150.00

**DOCUMENT # P00000096117**

1. Entity Name  
**P&L CLEANING SERVICE, INC.**

Principal Place of Business  
**5508 NORTH 50TH ST.  
 TAMPA FL 33610**

Mailing Address  
**P.O. BOX 291387  
 TAMPA FL 33687**

2. Principal Place of Business  
**5508 N. 50th ST.**  
 Suite, Apt. #, etc.  
**Unit 10**

3. Mailing Address  
**P.O. Box 291387**  
 Suite, Apt. #, etc.

City & State  
**Tampa FL**  
 Zip  
**33610**  
 Country  
**USA**

City & State  
**Tampa FL**  
 Zip  
**33687**  
 Country  
**USA**

4. FEI Number  
**59-3280446**

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

**STEWART, DELANO  
 1112 EAST KENNEDY BLVD.  
 TAMPA FL 33672**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Patrick Lewis /owner</b> <input type="checkbox"/> Delete <b>9431 Alambrooke ST Tampa FL 33637</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Operations Manager</b> <input type="checkbox"/> Delete <b>Janice Lewis 9431 Alambrooke ST Tampa FL 33687</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Office Supervisor</b> <input type="checkbox"/> Delete <b>Jessie Betts 5502 N. 43rd St #301 Tampa, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patrick Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01  
Date Daytime Phone #

CR2E034 (10/00)