

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.

3. Mailing Address

P.O. Box 291387

Suite, Apt. #, etc.

Unit 10

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33610

Country

USA

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

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	Patrick Lewis / owner	<input type="checkbox"/> Delete
NAME	9431 Alambrooke ST	
STREET ADDRESS	Tampa, FL 33637	
CITY-ST-ZIP		
TITLE	Operations Manager	<input type="checkbox"/> Delete
NAME	Janice Lewis	
STREET ADDRESS	9431 Alambrooke ST	
CITY-ST-ZIP	Tampa, FL 33687	
TITLE	Office Supervisor	<input type="checkbox"/> Delete
NAME	Jessie Betts	
STREET ADDRESS	5502 N. 43rd ST #301	
CITY-ST-ZIP	Tampa, FL 33610	
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		<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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01

CR2E034 (10/00)