

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90338 042 \*\*\*150.00

**DOCUMENT # P00000108443**

1. Entity Name  
**MORAN CLEANING SERVICE, INC.**

Principal Place of Business  
**10006 E. FOWLER AVE.  
THONOTOSASSA FL 33592**

Mailing Address  
**PO BOX 1291  
THONOTOSASSA FL 33592**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3689951**

Applied For  
☒ Not Applicable

Zip Country

Country

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

**MEDINA, DANIEL PA  
107 MORNINGSIDE DR., STE A  
LAKELAND FL 33803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MORAN, FRANCISCO**  
CITY-ST-ZIP **PO BOX 1291  
THONOTOSASSA FL 33592**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P0000108843

## The Moran Cleaning Service

Moran Cleaning Service Inc.

P.O. Box 1291

Thonotosassa, FL 33592

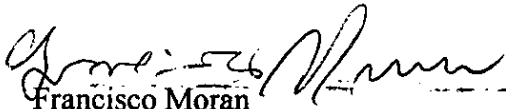
Uniform Business Report  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302 - 1500

July 18, 2002

To Whom It May Concern:

It is my intent to inform you that no earlier notice was giving prior to the mailing of the Uniform Business Report, sixty days notice packet. I assure that if we were to receive earlier notice then the UBR would have been filed quickly and efficiently. As per the frequently asked questions section, question number eight, I have enclosed the original \$150 .00 filing fee, and the UBR. I appreciate your understanding in regards to this matter.

Sincerely,



Francisco Moran  
Director

FM

