

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90130 043 ***150.00

DOCUMENT # P00000108465



1. Entity Name
AM-KO CLEANING SERVICES, INC.

Principal Place of Business
PO BOX 60806

PALM BAY FL 32906

Mailing Address
PO BOX 60806

PALM BAY FL 32906



2. Principal Place of Business

1970 dairy Rd

Suite, Apt. #, etc.

3. Mailing Address

1970 dairy Rd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

W. Melbourne FL

Zip

Country

32904 Brevard

City & State

W. Melbourne FL

Zip

Country

32904 Brevard

4. FEI Number **59-3684786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACOBY, DAVID H
1581 ROBERT J CONLAN BLVD NE STE 100
PALM BAY FL 32905

7. Name and Address of New Registered Agent

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

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

TITLE ☒ Delete
NAME **CHO, PAN J**
STREET ADDRESS **PO BOX 60806**
CITY-ST-ZIP **PALM BAY FL 32906**

TITLE ☒ Delete
NAME **SANG, CHO I**
STREET ADDRESS **PO BOX 60806**
CITY-ST-ZIP **PALM BAY FL 32906**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1970 dairy Rd**
CITY-ST-ZIP **W. Melbourne FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1970 dairy Rd**
CITY-ST-ZIP **W. Melbourne FL 32904**

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

321-729-4366

Daytime Phone #

CR2E034 (10/02)