2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000110401**

1. Entity Name
PROFESSIONAL ESCALATOR CLEANING, INC.

Principal Place of Business	Mailing Address
1511 GULF STREAM CIR STE 302 BRADENTON FL 33511	1511 GULF STREAM CIR STE 302 BRADENTON FL 33511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1511 GULF STREAM CIR		1511 GULF STREAM CIR	
Suite, Apt. #, etc.: SUITE 302		Suite, Apt. #, etc.: SUITE 302	
City & State: BRANDON FL		City & State: BRANDON FL	
Zip: 33511	Country:	Zip: 33511	Country:

4. FEI Number **59-3686073** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY SHAWN
1511 GULF STREAM CIR STE 302
BRADENTON FL
33511

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.

SIGNATURE **SHAWN KELLEY** **02/09/2001**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KELLEY SHAWN D 1511 GULF STREAM CIRCLE, SUITE 302 BRANDON FL 33511 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Shawn Kelley Mr. 02/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #