

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90161 036 ***150.00

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DOCUMENT # P00000116416

1. Entity Name

LUXURY FLUSH SERVICES, INC.



Principal Place of Business

1110 SUPERIOR COURT
WINTER PARK FL 32708

Mailing Address

1110 SUPERIOR COURT
WINTER PARK FL 32708

2. Principal Place of Business

405 Avondale Ct

3. Mailing Address

405 Avondale Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

Winter Springs

Zip

32708

Country

Seminole

Zip

32708

Country

Seminole

4. FEI Number

59-3689058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 N WYMORE ROAD STE 100
MAITLAND FL 32751

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

Ornella MCFadden

4/29/03

Signature, typed or printed name of registered agent and title (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 PSTD
NAME MCFADDEN, ORNELLA
STREET ADDRESS 1110 SUPERIOR COURT
CITY-ST-ZIP WINTER PARK FL 32708

☐ Delete

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NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Ornella MCFadden 4/29/03 (407) 366-2286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)