

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90166 002 \*\*\*150.00

**DOCUMENT # P01000002739**

**1. Entity Name**  
**DANMAX CLEANING OF FLORIDA INC.**



**Principal Place of Business**  
**724 115TH AVENUE NORHT**  
**#2202**  
**SAINT PETERSBURG FL 33716**

**Mailing Address**  
**724 115TH AVENUE NORHT**  
**#2202**  
**SAINT PETERSBURG FL 33716**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3688706**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BUGASNY, DANUTA**  
**724 115TH AVENUE NORHT**  
**SUITE 2202**  
**SAINT PETERSBURG FL 33716**

Name **Bugajny Danuta**  
Street Address (Box Number is Not Acceptable)  
**724 115th Ave. N.**  
**Suite 2202**  
City **St. Petersburg, FL** Zip Code **33716**

**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 **Danuta Bugajny Danuta Bugajny** DATE **4/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D	BUGAJNY, DANUTA	724 115TH AVENUE NORTH, SUITE 2202	SAINT PETERSBURG FL 33716				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**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: **Danuta Bugajny** PRESIDENT DATE **4/10/03** DAYTIME PHONE # **(727) 576-4219**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)