2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am Secretary of State P01000005427 DOCUMENT # 1. Entity Name 03-14-2002 90067 038 ***150.00 DUSTBUSTERS CLEANING COMPANY, INC. Principal Place of Business Mailing Address 4203 W. JACKSON STREET 4203 W JACKSON STREET PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address P.O. Box 1601 Galvin Avenue 16677 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Pensacola Applied For City & State Pensa<u>cola</u> Not Applicable Country 32526 Country \$8.75 Additional 5. Certificate of Status Desired 2501-6677 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, FANNIE Street Address (P.O. Box Number is Not Acceptable) 4203 W JACKSON STREET PENSACOLA FL 32505 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE Delete TITLE Addition CR2E034 (9/01 JACKSON, J C NAME NAME 1601 Galuin Avenue 4203 W JACKSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP Pensacola FL 32526 TITLE ☐ Delete TITLE Change ☐ Addition NAME JACKSON, FANNIE M NAME 1601 Galvin Avenue STREET ADDRESS **4203 W JACKSON STREET** STREET ADDRESS Pensacola, FL 32526 CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Delkson. President owner 2:28-2