

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 004 ***150.00

DOCUMENT # P01000014910

1. Entity Name

3-TCleaning Service, Inc.

DO NOT WRITE IN THIS SPACE

B0127664

2. Principal Place of Business

5046 Chet Dr.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 755

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, FL

City & State

Elfers, FL

4. FEI Number

59-3704343

Applied For

Not Applicable

Zip

34652

Country

PASCO

Zip

34680-0755

Country

PASCO

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARENZO MAXWELL

Street Address (P.O. Box Number is Not Acceptable)

5046 Chet Dr.

City

New Port Richey,

FL

Zip Code

34652

**DO NOT WRITE
IN THIS SPACE**

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

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)**

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D
LARENZO MAXWELL
5046 Chet Dr.
New Port Richey, FL 34652

**TITLE
NAME
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CITY - ST - ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorenzo Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

Date

(727) 859-9447

Daytime Phone #

CR2E034B (12/01)

Attachment

BO187664

P01000014910

3 T Cleaning Service Inc.

PO Box 755 Elfers, FL 34680-0755

(727) 846-8750

RennDm@aol.com

To whom it may concern:

This letter is to notify your department that we did not receive a Uniform Business Report form for the 2002 year. We are a new Business, so this may be the reason for us not receiving the form. Please accept the check enclosed for \$150.00 to update my (UBR). The only thing that has changed is the mailing address, which is at the top of this letter.

Thank you,

Lorenzo Maxwell

Lorenzo Maxwell

Director of Operations