

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90023 030 ***150.00

DOCUMENT # P01000015692

1. Entity Name

A1A PRODESSIONAL WINDOW CLEANING, INC.

Principal Place of Business

**416 RUTGERS AVENUE
 MELBOURNE FL 32901**

Mailing Address

**416 RUTGERS AVENUE
 MELBOURNE FL 32901**

2. Principal Place of Business

1909 ABINGTON DR

3. Mailing Address

1909 ABINGTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE FL

4. FEI Number

59-3704916

Applied For

Not Applicable

Zip

32901

Country

FLORIDA

Zip

32901

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTORE, MICHAEL A
 483 ORLOV ROAD, N W
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

MARGARET E. WEISS

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

1909 ABINGTON DRIVE

City

MELBOURNE

FL

Zip Code

32901

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BUELL, MARGARET	
STREET ADDRESS	416 RUTGERS AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST. V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, MARGARET E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

Date

Daytime Phone #

4/24/02 321-543-0817

CR2E034 (9/01)