

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023369
1. Entity Name
Sherée D. Brewer Cleaning Services Inc.



FILED
03 JUN -4 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ave
9404 North Edison
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 16226
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa Florida
Zip
33612

City & State
Tampa Florida
Zip
33687-6226

4. FEI Number
593701432

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Sherée Diane Brewer
Street Address (P.O. Box Number is Not Acceptable)
9404 North Edison Ave.
City Tampa FL Zip Code 33612

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 Sherée D. Brewer director/president Sherée D. Brewer 4-04-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 president/director
NAME Sherée D. Brewer
STREET ADDRESS 9404 N. Edison ave.
CITY-ST-ZIP Tampa FL 33612

TITLE Vice President
NAME Lawrence Majcher
STREET ADDRESS 9404 N. Edison ave
CITY-ST-ZIP Tampa FL 33612

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

SIGNATURE: Sherée D. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-03 (813)508-1151
Date Daytime Phone #

CR2E034B (12/02)