

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90020 014 ***150.00

DOCUMENT # P01000027449

1. Entity Name
S AND S SUNSHINE CLEANING SERVICE INC.

Principal Place of Business

5650 20TH WAY S APT 2
ST PETERSBURG FL 33712

Mailing Address

5650 20TH WAY S APT 2
ST PETERSBURG FL 33712

2. Principal Place of Business

4811 CORDOVA WAY S.

Suite, Apt. #, etc.

3. Mailing Address

4811 CORDOVA WAY S

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

ST. PETERSBURG

Zip

33712

Country

Zip

33712

Country

4. FEI Number

59-3705581

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAHULOVA, SILVIE

5650 20TH WAY S APT 2

ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

BAHULOVA, SILVIE

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

4811 CORDOVA WAY S.

City

ST. PETERSBURG

FL

Zip Code

33712

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

Bahulova

04-11-2002

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 **P** ☐ Delete
NAME **BAHULOVA, SILVIE**
STREET ADDRESS **5650 20TH WAY S APT 2**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **V** ☐ Delete
NAME **CUPALOVA, ALEXANDRA**
STREET ADDRESS **5650 20TH WAY S APT 2**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **BAHULOVA SILVIE**
STREET ADDRESS **4811 CORDOVA WAY S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME **CUPALOVA ALEXANDRA**
STREET ADDRESS **1703 57th TERR S. #E**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bahulova Cupalova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-2002

Date

727-6448634

Daytime Phone #

CR2E034 (9/01)