

9/8

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000032175**1. Entity Name
THOROUGHLY SPOTLESS HOME CARE SERVICES INC.

Principal Place of Business

**10345 S 185TH ST
BOCA RATON FL 33498**

Mailing Address

**10345 S 185TH ST
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1098789

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EXCELLENT, JEAN F**10345 S 185TH ST
BOCA RATON FL 33498**

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EXCELLENT, JEAN F 10345 S 185TH ST BOCA RATON FL 33498	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARISE EXCELLENT 10345 S 185TH STREET BOCA RATON FL 33498	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 807, 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**02 OCT -7 PM 1:41****SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99801**

DO NOT WRITE IN THIS SPACE

CP02034 (4/02)

Attachment
August 26, 2002 99801

DIVISION OF CORPORATIONS # PO1000032175
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: THOROUGHLY SPOTLESS HOME CARE SERVICES INC.
10341 S. 18TH ST.
DOCAHATON FL 33498.

DOCUMENT: PO1000032175

Dear Sir/Madam.

Please be advised that I am in receipt of your FORM CR25034. When you mention that to file now. Your fee is \$50.00. At anytime I never received any of such form.

I called the office to verify the right amount I was told. My way it was \$150.

This is my first removal and never receiving notice.

I pray that the extra \$400 be waived. Enclosed please find a check for \$400.00. Your kind consideration is appreciated.

Very Truly Yours.

J. Excellent
President