2002 Uniform Business Report (UBR)

Mar 25, 2002 8:00 am **Secretary of State DOCUMENT #** P01000032451 1. Entity Name 03-25-2002 90172 043 ***150.00 FLORIDA INDUSTRIAL CLEANING CORP. Principal Place of Business Mailing Address 445 OSPREY LANDING WAY 445 OSPREY LANDING WAY R0049808 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-370600 S City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - -7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 PRD ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME MODZEL, STANLEY E NAME STREET ADDRESS 445 OSPREY LANDING WAY STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP **Selecte** SVD Change ☐ Addition TITLE TITLE LOW DOWN LECKY 5727 TAY WOOD DR. LONDONO, LEON NAME NAME STREET ADDRESS 445 OSPREY LANDING WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 5V D ☐ Delete ☐ Change ☐ Addition TITI F TITLE LEADOND LEON NAME -NAME---TAY WARD DE. STREET ADDRESS STREET ADDRESS CITY-ST-7(P 33624 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Channe TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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an address, with all own

13. 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

FILED