FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90030 018 ***150.00

DOCUMENT # P010000 33500

1. Entity Name
Aunt Lou's Cleaning Services, Inc

DO NOT WRITE IN THIS SPACE

425134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2041 Ave. H. East	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Beach FL	City & State
Zip: 33404 Country: Palm Beach	Zip Country

4. FEI Number: 65-1088975 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Shirley Lovett

Street Address (P.O. Box Number is Not Acceptable):
2041 Avenue H East

City: Riviera Beach FL Zip Code: 33404

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: no changes
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / Treasurer Shirley Lovett 2041 Avenue H East Riviera Beach, FL 33404
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Secretary Jacqueline D. Carter 1441 Brandywine Rd. #200C West Palm Bch, FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: Shirley Lovett President Feb. 28, 2002 561-301-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #