

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90991 006 \*\*\*150.00

**DOCUMENT # P01000033500**

1. Entity Name  
**AUNT LOU'S CLEANING SERVICES, INC.**



Principal Place of Business  
2041 AVE H EAST  
RIVIERA BEACH, FL 33404

Mailing Address  
2041 AVE H EAST  
RIVIERA BEACH, FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1088975**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVETT, SHIRLEY  
2041 AVE H EAST  
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

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 signatures required when terminating)

DATE

FILED NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PT  
LOVETT, SHIRLEY  
2041 AVENUE H EAST  
RIVIERA BEACH, FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
CARTER, JACQUELINE D  
4441 BRANDYWINE RD 3200C  
WEST PALM BEACH, FL 33409

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

NEW ADDRESS:  
448 Orchard Hill Dr  
Cedar Hill, Texas 75104

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shirley Lovett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1, 2003*  
DATE

Case

Daytime Phone #

CR2E034 (10/02)