FILED
Aug 28, 2002 8:00 am
Secretary of State
08-11-2002 90168 016 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036446

1. Entity Name
H & M CLEANING SERVICE OF JACKSONVILLE, INC.

08-1

Principal Place of Business	Mailing Address
11963 WALLE DR JACKSONVILLE FL 32246	11963 WALLE DR JACKSONVILLE FL 32246

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6536 TODD RD.	6536 TODD RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FLORIDA	City & State: JACKSONVILLE FLORIDA
Zip: 32246 Country: U.S.A	Zip: 32246 Country: U.S.A.

4. FEI Number 59-3717147 ☐ 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
FEMENIAS, MARIA L 11963 WALLE DR JACKSONVILLE FL 32246 DE	Name: HILDELISA DIGIACOMO Street Address (P.O. Box Number is Not Acceptable): 6536 TODD RD City: JACKSONVILLE FL Zip Code 32246

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 Hildelisa Di-Giacomo 04/30/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEMENIAS, MARIA L 11963 WALLE DR JACKSONVILLE FL 32246	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIGIACOMO, HILDELISA 6536 TODD RD JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 6536 TODD RD JACKSONVILLE FL 32246	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Hildelisa Di Giacomo President 04/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)