

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92211 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051254					
1. Entity Name J E B CLEANING SERVICES, INC.					
Principal Place of Business 2930 NW 115TH TERRACE CORAL SPRINGS, FL 33065			Mailing Address 2930 NW 115TH TERRACE CORAL SPRINGS, FL 33065		
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 65-1105876	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For: Not Applicable	
6. Name and Address of Current Registered Agent NOFIL, JOSEPH K 3284 N STATE RD 7 LAUD LAKES, FL 33319				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 _____ (NOTE: Registered Agent Signature Required when electing to)					
DATE _____					
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SALGADO, MARIA Y 2930 NW 115TH TERRACE CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 601, 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: <i>Maria Y. Salgado</i> (1454) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 274-1449					

11041974



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)