Apr 24 02 07:30a 727 5/1

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Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90158 013 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053306

1. Entity Name: GREGORY WILLIAMS CLEANING, INC.

34048

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1534 W. LAUREL ST	1534 W. LAUREL ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL 33607	City & State: TAMPA, FL 33607
Zip / Country: USA	Zip / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3718213 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: SABRINA SHARP
Street Address (P.O. Box Number is Not Acceptable): 1600 WINCHESTER RD NO
City: ST. PETERSBURG FL Zip: 33710

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: Sabrina Sharp 4/20/02
Signature, typed or printed name of registered agent and title if applicable / 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 GREGORY WILLIAMS 1534 W. LAUREL ST TAMPA, FL 33607	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ERIC JEFFERSON 11 GLADYS ST TAMPA, FL 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ADRIAN WILLIAMS 11 GLADYS ST TAMPA, FL 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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

SIGNATURE: Gregory M. Williams 5/26/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE

CR2E034B (12/01)