Controls"ech, Inc.

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91868 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058231

1. Entity Name
CLEANING GENIE'S, CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
1701 WALNUT AVE WINTER PARK, FL 32789	1701 WALNUT AVE WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
7635 Glenmoor Lane	P.O. Box 2569
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FLORIDA	City & State: GOLDENROD, FLORIDA
Zip: 32792 Country: USA	Zip: 32733 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3725124 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RHONDA
1701 WALNUT AVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: MARILYN GERBER
Street Address (P.O. Box Number is Not Acceptable): 7635 GLENMOOR LANE
City: WINTER PARK FL Zip Code: 32792

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: X [signature] 4-15-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Checks 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	D MILLER, RHONDA 1701 WALNUT AVE WINTER PARK, FL 32789	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, MARILYN 7635 GLENMOOR LANE WINTER PARK, FL 32792	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [signature] 4-15-2003 407-222-4243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)