FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am P01000068992 **Secretary of State** DOCUMENT # 1. Entity Name 03-06-2002 90034 003 ***150.00 CLEAN IT ALL CLEANING SERVICES, INC. Principal Place of Business Mailing Address \mathbf{u} \mathbf{v} \mathbf{v} \mathbf{v} \mathbf{v} 4753 CAYO COSTA PLACE P.O. BOX 20955 **BRADENTON FL 34203 BRADENTON FL 34204** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FELNumber Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUARTE, RENATO T Street Address (P.O. Box Number is Not Acceptable) 4753 CAYO COSTA PLACE **BRADENTON FL 34203** City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (9/01) ☐ Delete ☐ Change TITLE TITLE DUARTE, RENATO T NAME NAME 4753 CAYO COSTA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DUARTE, CRISTINA F NAME NAME 4753 CAYO COSTA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton Fl 34204 ☐ Addition Change TITLE __Delete___ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #