

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90324 001 \*\*\*150.00

**DOCUMENT # P01000071613**

**1. Entity Name**  
**DEBORAH SOMMERS CLEANING, INC.**

**Principal Place of Business**  
**1261 DATON ROAD SW**  
**PLAM BAY FL 32908**

**Mailing Address**  
**1261 DATON ROAD SW**  
**PLAM BAY FL 32908**

**2. Principal Place of Business**  
**1311 Danbury St Sw**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1235 Waterway St Sw**  
 Suite, Apt. #, etc.

**City & State**  
**Palm Bay FLA**

**City & State**  
**Palm Bay FLA**

**Zip**  
**32908**

**Country**  
**Brevard**

**Zip**  
**32908**

**Country**  
**Brevard**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
**59-3733954**

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SOMMERS, DEBORAH**  
**1261 DATON ROAD SW**  
**PLAM BAY FL 32908**

**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.**

**SIGNATURE** *Deborah Sommers* **Deborah Sommers** **President** **4/12/02**

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**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOMMERS, DEBORAH</b>	
STREET ADDRESS	<b>1261 DATON ROAD SW</b>	
CITY-ST-ZIP	<b>PLAM BAY FL 32908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOMMERS, WILLIAM</b>	
STREET ADDRESS	<b>1261 DATON ROAD SW</b>	
CITY-ST-ZIP	<b>PLAM BAY FL 32908</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sommers, Deborah</b>	
STREET ADDRESS	<b>1311 Danbury St Sw</b>	
CITY-ST-ZIP	<b>Palm Bay FLA 32908</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sommers, William</b>	
STREET ADDRESS	<b>1311 Danbury St Sw</b>	
CITY-ST-ZIP	<b>PALM BAY FLA 32908</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Seibert, Gary</b>	
STREET ADDRESS	<b>2912 Century Oaks Circle</b>	
CITY-ST-ZIP	<b>MALABAR, FLA 32950</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Deborah Sommers* **Deborah Sommers** **President** **4/12/02** **321-720-3681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1A

CR2E034 (9/01)