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

## DOCUMENT #

P01000074226

1. Entity Name

E.T. INTERNATIONAL JANITORIAL AND LANDSCAPING, I NC.



Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90527 028 \*\*\*150.00

Principal Place of Business

237 N CHILLINGWORTH DR PALM BCH FL 33409 Mailing Address

237 N CHILLINGWORTH DR

PALM BCH FL 33409

2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3. Mailing Address  Suite, Apt. #, etc.  City & State				(			1010 O!II 100f
						☐ CHECK HERE IF MAKING CHANGES				
						4. FEI Number 65-1142447				plied For t Applicable
Zin Country			Zip	Coun	Country 5.		Certificate of Status Desired S8.75 Additio			litional
,	6. Name	and Address of Current	Registered Agent		1	7. Name and Address of New Registered Agent				
i.		ಕ್ಷಣಗಳು ಕ್ಷಾಪ್ತಿಯ ಕ್ಷಾಪ್ತಿಯ ಕ್ಷಣಿಸಿದ್ದರು. ಕ್ಷಾಪ್ತಿಯ ಕ್ಷಣಿಸಿದ್ದರು ಕ್ಷಾಪ್ತಿಯ ಕ್ಷಣಿಸಿದ್ದರು. ಕ್ಷಾಪ್ತಿಯ ಕ್ಷಣಿಸಿದ್ದರು		٠.	Name	س بوليسيي				
Turene,	ELYSEE		Chanad Ada			ess (P.O. Box Number is Not Acceptable)				
237 N CH	ILLINGWOR	TH DR	Street Address			SS (P.O. BOX Numbe	r is Not Acceptable)			
PALM BCI	1 FL 33409									
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					City .			FL	Zip Code	<del>;</del>
	ions of regist	v submits this statement fo ered agent.	or the purpose of changir	ng its registere	ed office or regis	stered agent, or bot	h, in the State of Florid	a. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							ction Campaign Financ st Fund Contribution.	cing		May Be to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICE	RS AND (	DIRECTORS	IN 11
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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)(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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-9-

<u>052</u>

Daytime Phone #

CR2E034 (10/02