FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01 0000 84589

1. Entity Name
Finishing Touches Professional Cleaning Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16221 SW 170th St.	P.O. Box 268
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Archer, FL.	City & State Archer, FL.
Zip 32618 Country Alachua	Zip 32618 Country Alachua

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758696 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joyce R. Wyrosdick

Street Address (P.O. Box Number is Not Acceptable): 16221 SW 170th St

City: Archer FL Zip Code: 32618

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: Joyce R. Wyrosdick — 05-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) 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	CEO
NAME	Joyce R. Wyrosdick
STREET ADDRESS	16221 SW 170th St
CITY-ST-ZIP	Archer, FL. 32618
TITLE	President
NAME	Charles A. Wyrosdick
STREET ADDRESS	16221 SW 170th St
CITY-ST-ZIP	Archer, FL. 32618
TITLE	Treasurer
NAME	Cindy M. Hughes
STREET ADDRESS	7690 NE 95th AVE
CITY-ST-ZIP	Bronson FL. 32621
TITLE	
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CR2E084B (12/01)

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

SIGNATURE: Joyce R. Wyrosdick (Joyce R Wyrosdick) 05/01/02 (352)278-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #