

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90125 028 ***150.00

DOCUMENT # P01000084593

1. Entity Name
DYNAMIC CLEANING, INC.



Principal Place of Business
DYNAMIC CLEANING
10408 SANDLER ROAD
JACKSONVILLE FL 32222

Mailing Address
DYNAMIC CLEANING
10408 SANDLER ROAD
JACKSONVILLE FL 32222



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Dynamic Cleaning

Suite, Apt. #, etc.
10408 Sandler Road

City & State
Jacksonville, Florida

Zip
32222

Country
United States of America

3. Mailing Address

Dynamic Cleaning

Suite, Apt. #, etc.
10408 Sandler Road

City & State
Jacksonville, Florida

Zip
32222

Country
United States of America

4. FEI Number **59-3742223**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIVERS, LORRAINE
10408 SANDLER ROAD
JACKSONVILLE FL 32222

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 Check Payable to: Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **EDVP** ☐ **Delete**
NAME **PADGETT, PATRICIA D**
STREET ADDRESS **5882 PRINGLE RD**
CITY-ST-ZIP **BRYCEVILLE FL 32009**

TITLE **PRA** ☐ **Delete**
NAME **SHIVERS, LORRAINE**
STREET ADDRESS **10408 SANDLER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)