

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90035 004 ***150.00

DOCUMENT # P01000086129

1. Entity Name

LMR COMMERCIAL CLEANING INC.

Principal Place of Business

1419 OSCEOLA HOLLOW RD
 ODESSA FL 33556

Mailing Address

1419 OSCEOLA HOLLOW RD
 ODESSA FL 33556

2. Principal Place of Business

6450 GULFPORT BLVD

3. Mailing Address

6450 GULFPORT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

4. FEI Number

59-374,2311

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RALSTON, LISA M

1419 OSCEOLA HOLLOW RD

ODESSA FL 33556

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

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
 NAME RALSTON, LISA M
 STREET ADDRESS 1419 OSCEOLA HOLLOW RD
 CITY-ST-ZIP ODESSA FL 33556

TITLE ST ☐ Delete
 NAME LAMBERT, BRUCE
 STREET ADDRESS 6450 GULFPORT BLVD
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Bruce Lambert
 SECRETARY 4/15/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)