2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am § Secretary of State, **DOCUMENT #** P01000087207 1. Entity Name TNT COMMERCIAL CLEANING INC. 05-14-2002 90328 020 ***150.00 Principal Place of Business Mailing Address 4400 NW 60TH STREET P.O. BOX 590713 FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33359 2. Principal Place of Business 3. Mailing Address 4400 N.W. WOTH Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 69005013 City & State Applied For t.Lauderdale, Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 3319 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'HANKERSON-BROWN, NAOMI Street Address (P.O. Box Number is Not Acceptable) 4400 NW 60TH STREET FORT LAUDERDALE FL 33319 Miramar 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE President Change Addition A NAME NAME Tammy Hankerson Jackson STREET ADDRESS STREET ADDRESS 6612 Coconut drive CITY-ST-ZIP CITY-ST-ZIP , Miramar Florida TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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