

05-08-2003 90172 020 \*\*\*158.75

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

**DOCUMENT # P01000099721**

1. Entity Name  
**A-1 CUSTOM CLEANING, INC.**



80117281

Principal Place of Business  
 POST OFFICE BOX 450044  
 SUNRISE, FL 33345

Mailing Address  
 POST OFFICE BOX 450044  
 SUNRISE, FL 33345

2. Principal Place of Business  
**3115 NW 120Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3115 NW 120Way**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State **Sunrise, FL**      City & State **Sunrise, FL**      4. FEI Number **65-1148101**      Applied For  Not Applicable

Zip **33323**      Country **USA**      Zip **33323**      Country **USA**      5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEWIS, CARNELL**  
**3115 NW 120TH WAY**  
**SUNRISE, FL 33323**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL**      Zip Code \_\_\_\_\_

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents must appear when missing))

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>LEWIS, CARNELL</b>	TITLE	NAME
	STREET ADDRESS <b>3115 NW 120TH WAY</b>		STREET ADDRESS
	CITY-ST-ZIP <b>SUNRISE, FL 33323</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>LEWIS, CURTIS</b>	TITLE	NAME
	STREET ADDRESS <b>3115 NW 120TH WAY</b>		STREET ADDRESS
	CITY-ST-ZIP <b>SUNRISE, FL 33323</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_      03/28/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CPRE004 (10/02)