

Amended
2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-03-2003 90963 018 ***61.25

P01000119438

FL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 PM 12:39

DOCUMENT # P01000119438

1. Entity Name

Star Commercial Cleaning, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12500 Classic Dr.

Suite, Apt. #, etc.

3. Mailing Address

12500 Classic Dr.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

Zip

33071

Country

4. FEI Number

03-0383814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John Pike

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

12500 Classic Dr.

City

Coral Springs,

FL

Zip Code

33071

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

John Pike

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP
John Pike
12500 Classic Dr.
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

John Pike

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/11/03