2003 FOR PROFIT CORPORATION. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000013920

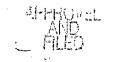
3132 OAKLANE

EDGEWATER FL 32132

1. Entity Name A+ CLEANING AND FLOORS, IN	C .	
Principal Place of Business	Mailing Address	



3132 OAKLANE **EDGEWATER FL 32132**



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SECRETARY OF STATE



2. Principal Place of Business 3. Mailing Address 2329 Woodland 329 Woodland Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For 20-0256 7SC Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Suitto SUITTO, JOSEPH 3132 OAKLANE **EDGEWATER FL 32132** Edgewater 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. title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Change Addition SUITTO, JOSEPH NAME NAME 2329 wood land Drive 3132 OAKLANE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP CITY-ST-ZIP Edgewater, FL. 32141 ۷Ď TITLE ☐ Delete TITLE Change Addition SUITTO, PAUL NAME NAME 2329 Wood land DRive 3132 OAKLANE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP CITY-ST-ZIP Edgewater, FL:32141~ SD TITLE Change Delete TITLE ☐ Addition NAME SUITTO, R. SHARON NAME 2329 Wood bind Drive STREET ADDRESS 3132 OAKLANE STREET ADDRESS **EDGEWATER FL 32132** CITY-SY-ZIP CITY-ST-7IP Edgewater, FL. 32141 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CR2E034 (4/03)