

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0121014 AT

DOCUMENT # **P02000013920**

1. Entity Name
A+ CLEANING AND FLOORS, INC.



APPROVED
AND
FILED

03 NOV 13 PM 6:13

Principal Place of Business
**3132 OAKLANE
EDGEWATER FL 32132**

Mailing Address
**3132 OAKLANE
EDGEWATER FL 32132**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2329 Woodland Drive
Suite, Apt. #, etc.

3. Mailing Address
2329 Woodland Dr.
Suite, Apt. #, etc.

REINSTATEMENT 2003
CHECK HERE FOR MAKING CHANGES

City & State
Edgewater, FL.
Zip
32141

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Edgewater, FL.
Zip
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4. FEI Number
20-0256756

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SUITO, JOSEPH
3132 OAKLANE
EDGEWATER FL 32132**

7. Name and Address of New Registered Agent
Name
Joseph Suitto
Street Address (P.O. Box Number is Not Acceptable)
2329 Woodland Drive
City
Edgewater FL Zip Code
32141

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 *Joseph Suitto* DATE **11/7/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUITO, JOSEPH 3132 OAKLANE EDGEWATER FL 32132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUITO, PAUL 3132 OAKLANE EDGEWATER FL 32132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUITO, R. SHARON 3132 OAKLANE EDGEWATER FL 32132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2329 Woodland Drive Edgewater, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2329 Woodland Drive Edgewater, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2329 Woodland Drive Edgewater, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000024698150 11/7/03-01009-020 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joseph Suitto* DATE **11/7/03** (386)478-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/03)