

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90162 019 ***158.75

DOCUMENT # P02000019895

1. Entity Name
ERMA'S CLEANING SERVICES, INC.



Principal Place of Business
3901 BAHIA VISTA LOT 612
SARASOTA FL 34232

Mailing Address
3901 BAHIA VISTA LOT 612
SARASOTA FL 34232



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Erma's Cleaning Ser
Suite, Apt. #, etc.
3901 Bahia Vista St
City & State
Sarasota FL
Zip
34232
Country
Sarasota

Mailing Address
Erma's Cleaning Ser
Suite, Apt. #, etc.
3901 Bahia Vista St
City & State
Sarasota FL
Zip
34232
Country
Sarasota

4. FEI Number
03040-0145
Applied For
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent

ISAAC, ROOSEVELT S SR
347 S. ORANGE AVE.
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name
Isaac Roosevelt S SR
Street Address (P.O. Box Number is Not Acceptable)
347 S Orange Ave
City
Arcadia **FL** **Zip Code**
34266

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 *Erma Schlach*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 <i>Erma's Cleaning Ser.</i>	<input type="checkbox"/> Delete
NAME <i>Erma Schlach</i>	
STREET ADDRESS <i>3901 Bahia Vista St</i>	
CITY-ST-ZIP <i>Sarasota FL 34232 Pres.</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Erma Schlach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 941-350-8510

Date Daytime Phone #

CR2E034 (10/02)