

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

DOCUMENT # 9020000 23481

1. Entity Name

Peace of Mind Cleaning Services, Inc.



FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

04 JAN -5 PM 3:58

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9213 Lazy Lane

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33614

Country

U.S.A

Zip

Country

4. FEI Number

010652018

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lloyd D. Thomas

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

15909 Dover Cliffe Dr.

City

Lutz

**FL**

Zip Code

33548

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

Lloyd D. Thomas, President

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

(NOTE: Registered Agent signature required when reinstating)

12/29/03

DATE

January 1 - May 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P. Lloyd D. Thomas  
15909 Dover Cliffe Dr. / Lutz, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000025940858  
01/05/04--01002--010 \*\*308.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03

DATE

813-931-5585

DAYTIME PHONE #

CR2E034B (12/02)

Peace of Mind Cleaning Services, Inc  
9213 Lazy Lane  
Tampa, FL 33614  
(813)931-5585

12-29-03

To Whom It May Concern:

Please accept this request for reinstatement & request that the reinstatement fee be waived. We did not receive the prior UBR notices.

Thank you in advance for your time and consideration in getting this matter resolved quickly. Should you have any questions please contact me at the above number.

Sincerely,

A handwritten signature in black ink, appearing to be 'Lloyd Thomas', written over the word 'Sincerely,'.

Lloyd Thomas  
President