


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-23-2003 90146 017 ***150.00

DOCUMENT # P02000033695					
1. Entity Name RHODES CLEANING SOLUTIONS, INC.					
Principal Place of Business 3414 29TH STREET EAST BRADENTON FL 34208			Mailing Address 3414 29TH STREET EAST BRADENTON FL 34208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0471446	
Manatee		Manatee		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RHODES, CARL JR. 2458 MELROSE AVE SO ST PETERSBURG FL 33712			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer - Owner Mary Rhodes 3414 29th St East Bradenton Fl. 34208	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 or without like empowered.					
SIGNATURE: MARY RHODES			Date: 5-20-03		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

CR2E034 (10/02)

Rhodes Cleaning Solutions Inc.
3414 29th St East
Bradenton, FL 34208
Daytime # (941) 745-1869
FEI -45-0471446
#P02000033695

Attachment

5/20/03

55048325

#P02000033695

To whom it may concern (UBR Dept.) I Mary Rhodes as the official owner of this business am writing to inform this office, the reason being not meeting the payment date that is required I have had a knee surgery on March 14, 2003 and out of work, still at the present time. My income has dropped from 100% profit to about 20%. During this time I have experienced some hardship trying to meet other bill in the household and I'm the only provider with 2 dependents. If you have any further questions please call # listed above. Thank you for your understanding and cooperation.

Sincerely

Mary Rhodes

Mary Rhodes