## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)

## FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90950 045 \*\*\*150.00

DOC	JMENT #	# P02000034760
	7141 PI 4 1 11	F 102000034/00

1. Entity Name

A & F Custom Cleaning Services, Inc.

100 × 200 × 10 × 10 × 10 × 10 × 10 × 10		<i>J</i>			V	<b>188</b>	11111					
DO NOT WRITE IN THIS SPACE						90039805						
2. Principal P				ailing Address			. 1					
		Street, #505		<u>01 SW 41st</u>	Str	eet, #	505					
Suite, Apt.	·	· · · · · · · · · · · · · · · · · · ·		ite, Apt. #, etc.					DO NOT WRITE IN THIS SPA	CE		
City & State Ocala,				y&State ala, FL					Number 04-3680919	}	Applied For Not Applicable	
zip 32159		Country Marion	Zip 32	159	Cour \ Ma	ntry arion	1.		ertificate of Status Desired	3.75 Additional Required		
	عز ع		, 00-			1		7. Nam	ne and Address of Current Registered A	ent		٠.
					دیات : قعی قو	Name	_		•			ļ
	5.00	O NOT W N THIS SF				Street A 2901	oddress (F . SW 4	O. Bo	asier x Number is Not Acceptable) Street, #505			
		er i bili kalendari. Tarangan		* * .		Sity Ocal	.a		FL	Zig	Code 4474	
√8. The above the obligate  √8. The above  √8.	named entity	submits this statement to	r the pur	pose of changing its	register			ed ager	nt, or both, in the State of Florida. I am fami	liar v	ith, and accept	
SIGNATURE	///00	mey Do	nose	ien –	Roc	iney D	. Fra	aie	r 1/24/03			
		or project name of registered agent.	end toe a ac	oplicable. (NOTE	: Registere	ed Agent signat	ure required (	when reins	staring) DATE			
Section 1	After May 1 Amended	, Fee is \$550.00 UBR is \$61.25	C1-1-						9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
10.	Fayable to	Florida Department of OFFICERS AND		786	Ties							
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12. Thereby co	ertify that the on this report	information supplied with or supplemental report is	this filing true and	does not qualify for accurate and that m	the exer y signat	mption state ture shall he	ed in Sect ave the sa	tion 119 ime teg	0.07(3)(i), Florida Statutes. I further certify to all effect as if made under oath; that I am a	nat th	ne information cer or director	

of the corporation or the receiver or this see 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 an other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR	asier <u>1/24/03</u>	352-266-5564
		Date	Daywina Priorie w