

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0089061 AV

DOCUMENT # P02000045362

1. Entity Name
CLEAN QUEENS CLEANING SERVICE, INC.



FILED
03 SEP 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**181 N LAKESHORE DRIVE
HYPOLUXO FL 33462**

Mailing Address
**181 N LAKESHORE DRIVE
HYPOLUXO FL 33462**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
42-160-4235

Applied For
 Not Applicable

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

NEW ↓ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ALLEN, LENORE E
181 N LAKESHORE DRIVE
HYPOLUXO FL 33462**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D ALLEN, LENORE E 181 N LAKESHORE DRIVE HYPOLUXO FL 33462	<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
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 type="checkbox"/> Change <input type="checkbox"/> Addition
400023821214 10/15/03--01063--009 **150.00		
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
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: *SIGNATURE RECORDED* September 18, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

September 18, 2003


Clean Queens Cleaning Service, INC.
Lenore E. Allen
181 North Lakeshore Drive
Hypoluxo, FL 33462

To: Florida Department of State Division of Corporations

To Whom It May Concern:

Please recognize this as notice that as a first time small business owner I was not aware of this report to be filed. I did not receive the prior notice and assumed this report should be filed with my year-end taxes. As a business, I have not made any money and am in the process of getting ready to start advertising. I am sending the report and a check for \$150.00. I will be more aware and timely in the future.

Sincerely,



Lenore E. Allen