2003 FOR PROFIT CORPORATION

May 21, 2003 8:00 am Secretary of State

04-30-2003 90164 013 ***150.00

UNIFORM BUSINESS REPORT (UBR

SIGNATURE: .

SIGNATURE AND TYPED OR PI

DOCUMENT # P02000049693 1. Entity Name LARRY'S COMMERCIAL CLEANING, INC. LARR624 335432215 1802 30 NOTIFY SENDER OF NEW ADDRES :LARRYS COMMERICAL CLN PO BOX 7182 LARR624 55342553 Principal Place of Business 33624 ARTHUR DR WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33544-0102 2. Principal Place of Business SAME Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For weski Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GREULICH, LARRY Street Address (P.O. Box Number is Not Acceptable) 33624 ARTHUR DR WESLEY CHAPEL FL 33543 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 Signature, typed or printed ne Roont and title if applie (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/02)☐ Addition TITLE Delete TITLE GREULICH, LARRY NAME NAME 33624 ARTHUR DR STREET ADDRESS STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIP CITY-ST-ZIP ice President Delete TITLE ☐ Change TITLE ☐ Addition NAME ichard A. Masi Nelli NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5وٰد. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7LP MILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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