

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 026 ***150.00

DOCUMENT # P02000053940

1. Entity Name

PERFECT TOUCH COMMERCIAL CLEANING SERVICES, INC.



Principal Place of Business

**1848 CHATHAM VILLAGE DR
ORANGE PARK FL 32003**

Mailing Address

**1848 CHATHAM VILLAGE DR
ORANGE PARK FL 32003**

2. Principal Place of Business

1948 CHATHAM VILLAGE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

Zip
32003

Country
USA

Zip

Country

4. FEI Number

02 0604133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H
5100 W COPANS RD STE 900
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

ROBERT GOLDMAN

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

1948 CHATHAM VILLAGE

City

ORANGE PK

FL

Zip Code

32003

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

3-31-03

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

(NOTE: Registered Agent signature required when reinstating)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDMAN, JOSEPH G**
CITY-ST-ZIP **1430 NE 41 ST
OAKLAND PARK FL 3334**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDMAN, ROBERT A**
CITY-ST-ZIP **1848 CHATHAM VILLAGE DR
ORANGE PARK FL 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED ROBERT GOLDMAN

Date

Daytime Phone #

CR2E034 (10/02)