## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000054821

Entity Name: AMADO'S CLEANING SERVICES, INC.

FILED Aug 20, 2003 Secretary of State

Entity Name: AMADO	O CLEANING SERVICES, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
3415 WINDSOR COURT #124 TAMPA, FL 33614			10264 SHADOW BRANCH DR. TAMPA, FL 33647 US	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3415 WINDSOR COURT #124 TAMPA, FL 33614			10264 SHADOW BRANCH DR. TAMPA, FL 33647 US	
FEI Number: 45-0477846	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
NELSON, SCOTT E 200 S HOOVER BLVD I TAMPA, FL 33609 L				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D ( Name: CAMILLO, AW	) Delete IADO	Title: D Name: CAMILO, AM	(X) Change ( ) Addition ADO	

 Title:
 D
 ( ) Delete

 Name:
 CAMILLO, AMADO

 Address:
 3415 WINDSOR CT #124

 City-St-Zip:
 TAMPA, FL 33609

Title: ( ) Delete

Name: Address: City-St-Zip: Address: 10264 SHADOW BRANCH DR.

City-St-Zip: TAMPA, FL 33647 US

Title: M ( ) Change (X) Addition

Name: GARCIA, MARIA L

Address: 10264 SHADOW BRANCH DR City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMADO CAMILO D 08/20/2003