

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90185 007 ***150.00

DOCUMENT # **P02000057622**

1. Entity Name
A & V BROTHERS, INC.
A Klean Sweep, Inc

Principal Place of Business
5248 S.W. 93RD AVE.
COOPER CITY FL 33328

Mailing Address
5248 S.W. 93RD AVE.
COOPER CITY FL 33328

2. Principal Place of Business
2582 NW 99 Avenue

3. Mailing Address
2582 NW 99 Avenue

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065 Country
USA

Zip
33065 Country

4. FEI Number
03 044 9127

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
PAGLIUCO, DONNA
5248 S.W. 93RD AVE.
COOPER CITY FL 33328

7. Name and Address of New Registered Agent
Name
Anthony Pagliuco

Street Address (P.O. Box Number is Not Acceptable)
2582 NW 99 Avenue

City
Coral Springs FL Zip Code
33065

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 DATE **3/18/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGLIUCO, DONNA 5248 S.W. 93RD AVE. COOPER CITY FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Pagliuco 2582 NW 99 Avenue Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **REQUIRED** DATE **3/18/03** 991-340-4376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)