

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90215 027 ***150.00

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1. Entity Name
A&C ALL AROUND CLEANING, INC.



Principal Place of Business

~~4748 NE 11TH AVE~~
~~OAKLAND PARK FL 33334~~
1000 S. DIXIE HWY #4
POMPANO BEACH, FL 33062

Mailing Address

5079 N. Dixie Hwy #188
Oakland Park, FL 33334

2. Principal Place of Business

1000 S. Dixie Hwy #4
Suite, Apt. #, etc.

3. Mailing Address

5079 N. Dixie Hwy #188
Oakland Park, FL 33334



☒ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH

Zip **FL 33062** Country

Zip Country

4. FEI Number

030468722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, ANN

~~4748 NE 11TH AVE~~
~~OAKLAND PARK FL 33334~~

7. Name and Address of New Registered Agent

Name

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

1000 S. DIXIE HWY #4

POMPANO BEACH

FL 33062

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/03
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARLES RUSSELL	
STREET ADDRESS	1441 COVE LK RD	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	ANN RUSSELL	
STREET ADDRESS	1441 COVE LK RD	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	CHARLES RUSSELL	
STREET ADDRESS	1441 COVE LK RD	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ANN RUSSELL	
STREET ADDRESS	1441 COVE LK RD	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES RUSSELL	
STREET ADDRESS	1441 Cove Lake Rd.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN RUSSELL	
STREET ADDRESS	1441 Cove Lake Rd.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)