

**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

DOCUMENT # **P02000064153**



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

4. FEI Number
030468722
Applied For
Not Applicable

Zip
FL 33062

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, ANN
~~4748 NE 11TH AVE~~
~~OAKLAND PARK FL 33334~~

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 *Ann Russell*

DATE **1/28/03**

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 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	

TITLE V/P	<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	

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: *Ann Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/28/03** 954-491-5955
Daytime Phone #

CR2E034 (10/02)