2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000075267

1. Entity Name

ALL PHASE CLEANING SERVICE II, INC.



Principal Place of Business Mailing Address 100003340 1224 31ST AVENUE E 1224 31ST AVENUE E **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 4760 Not Applicable Zip----Country____ Country \$8.75 Additional •5: Certificate of Status Desired 🕞 🖸 🛸 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEURSKEN, FRANCES R Street Address (P.O. Box Number is Not Acceptable) 1224 31ST AVENUE E **BRADENTON FL 34208** City Zip Code 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. ŞIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT PRESIDENT ☐ Delete TITLE ★ Addition NAME FRANCES R. BEURSKEN NAME FRANCES R. BEURSKEN STREET ADDRESS STREET ADDRESS 1224 31ST AVE E 1224 31ST AVE E CITY-ST-ZIP BRADENTON FL 34208 CITY-ST-ZIP BRADENTON FL Delete TITLE VICE PRESIDENT ☐ Change TITLE NAME NAME PATRICIA HARTMAN 1007 ST RT 60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ WAKEMAN - OH - 44889 ☐ Delete TITLE ☐ Change **X** Addition SKCRETARY NAME SARAH A. BEURSKEN STREET ADDRESS STREET ADDRESS 1224 BIST AVE E CITY-ST-ZIP CITY-ST-ZIP BRADENTON Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

LANCES BEURSKEN

Daytime Phone #

FILED

Apr 28, 2003 8:00 am

Secretary of State

04-28-2003 91502 011 ***150.00