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

## P02000078286 **DOCUMENT #**

1. Entity Name

PRO SOURCE CLEANING SERVICES, INC.

П	W.

**FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90310 019 \*\*\*150.00

Serior Address of Current Registered Agent  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name and Address of Name Registered Agent  Name  Serior Name					7					
Suite, Apt. #, etc.  City & State  City & St	Principal Place of Business 50 NE 48 CT FT LAUDERDALE FL 33334		50 NE 48 CT	4		: (ASKAS) ili Salis libin saliy salih s	<b>a</b> na <b>na</b> kk k <b>ao</b> hi m		1 <b>211 - 1</b> 111 - 1 <b>11</b> 11	
Suite, Apt. #, etc.  City & State  City & FL Zip Code  City & State  City & State  City & State  City & FL Zip Code  City & State  City & Stat			· .							
City & State	2. Principal Place of Business		3. Mailing Address			E DOMENOME DIE MOTEN EIDER ANDER ANDER ANDER	DIĮ 18611 1849) ij	.LI# 11##1		
September   Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
SERIO, MELANIE 5 New and Address of Current Registered Agent  Name  SERIO, MELANIE 5 New 8 CT FT LAUDERDALE FL 33334  City FL Zip Code  City FL Dischard agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May, 1.2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  0.	City & State		City & State		4.	4. FEI Number 45 - 0484642		<del></del>		
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Since 1 Address (PO. Box Number is Not Acceptable)  City FL Zip Code  Code  Code  City FL Zip Code  Code  Code  Code  Code  Code  Code  City FL Zip Code  Code  Code  Code  Code  Code  Code  City FL Zip Code  Co	OFBIO14	PLANTE		Name						
City FL Zip Code  1. 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 of registered agent.    City FL Zip Code	50 NE 48	CT		Street Addres	ss (P.O. B	ox Number is Not Acceptable)				
A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of registered agent and late it acadiculate.	FT LAUDE	RDALE FL 33334								
The obligations of registered agent.    Signature   Signature byte or printed numer of registered agent and time if applicable.   (NOTE: Registered Agent signature required when relocating)   DATE				City			FL	Zip Cod	le	
SIGNATURE   Signature, highest or printed neuma of registered agent and fate it applicable. (MOTE Registered Agent signature required when ininosating)   Part			for the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Floric	la. 1 am famil	ar with,	and accept	
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2. 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	CITY-ST-ZIP	<u> </u>								

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 withvan address, with all other like empowered.

SIGNATURE: