

**AMENDED**

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

03-17-2003 91077 022 \*\*\*61.25

FILED P02000086979

03 MAR 24 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

90053529

DOCUMENT # P02000086979

1. Entity Name

JWS Window Cleaning, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10220 SW 215 Street

Suite, Apt. #, etc.

3. Mailing Address

10220 SW 215 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

miami, FL

City & State

miami, FL

Zip

33189

Country

Zip

33189

Country

4. FEI Number

11-3648961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Steve McIndoo

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

10220 SW 215 Street

City

miami

FL

Zip Code

33189

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

3/12/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
McIndoo, Steve  
10220 SW 215 Street  
miami, FL 33189

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Carlos Jimenez  
10220 SW 215 Street  
miami, FL 33189

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Tony W. Nelson  
10220 SW 215 Street  
miami, FL 33189

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

3/12/03

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

DATE

Daytime Phone #

(305) 573-1578

CR2E034B (12/02)