

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 90179 010 ***150.00

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

DOCUMENT # P02000098118



1. Entity Name
MARI'S CLEANING SERVICE, INC.

Principal Place of Business
3303 AMAC CIRCLE
ORLANDO FL 32837

Mailing Address
3303 AMAC CIRCLE
ORLANDO FL 32837

55042836



2. Principal Place of Business
12528 GRECO DR
Suite, Apt. #, etc.

3. Mailing Address
12528 GRECO DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando
Zip
Florida 32824

City & State
Orlando
Zip
Florida 32824

4. FEI Number
59-2073004
Applied For
Not Applicable

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

LEAND, MARYBETH
3303 AMAC CIRCLE
ORLANDO FL 32837

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
LELAND, MARYBETH
3303 AMAC CIRCLE
ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: Marybeth Leland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date Daytime Phone #

CR2E034 (10/02)