

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 035 ***150.00

DOCUMENT # P02000102432

1. Entity Name
A.T. CLEANING SERVICES, INC.



Principal Place of Business
**505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779**

Mailing Address
**505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779**

2. Principal Place of Business
2619 Antillas Drive
Suite, Apt. #, etc.

3. Mailing Address
2619 Antillas Drive
Suite, Apt. #, etc.

City & State
Winter Park, Florida

City & State
Winter Park, Florida

Zip Country
32792

Zip Country
32792

4. FEI Number
75-3083463

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR.
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name
J. A. Jurgens
Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Road, Suite 500
City **Longwood** FL Zip Code **32779**

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/7/03**

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

TITLE **D** ☐ Delete
NAME **ROLON, ERNESTO J**
STREET ADDRESS **2619 ANTILLAS DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **April 29/03** 321-2439-24700
Daytime Phone #

CR2E034 (10/02)