

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90231 050 ***150.00

DOCUMENT # P02000102683

1. Entity Name

Maid To Shine Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2781 Glen Hollow Way

3. Mailing Address

2781 Glen Hollow Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lady Lake

City & State
Florida

4. FEI Number

52-2378601

Applied For

Not Applicable

Zip
32162

Country
Sumter

Zip
32162

Country
Sumter

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Karen D. Cichielo

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

2781 Glen Hollow Way

City Lady Lake

FL

Zip Code
32162

**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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
DPS Karen D. Cichielo 2781 Glen Hollow Way Lady Lake, FL 32162	
DVT James A. Cichielo 2781 Glen Hollow Way Lady Lake, FL 32162	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-9-03 (352) 267-4031

CR2E034B (12/02)