561-262.4830

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

DOCUMENT # P02000108525  1. Entity Name WORKFORCE CLEANING, INC.						Secretary of State 05-01-2003 90817 006 ***150.00				
1311 COMMEI SUITE 15 JUPITER FL 3 US 2. Principal F	Place of Business  MMETCE LANE #, etc.	Mailing Address 1311 COMMERCE LANE SUITE 15 JUPITER FL 33458 US 3. Mailing Address /311 Commerce Suite, Apt. #, etc.	311 COMMERCE LANE UITE 15 JPITER FL 33458 S Mailing Address 311 Commerce Lane Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State Florida				4. FE	El Number 5 0536350		Applied For Not Applicable	
3345	Country Zip Cou			try 5 A	5. Certificate of Status Desired S8.75 Additional Fee Required					
3343	8 USA 6. Name and Address of Current R			3 M		-7:-Na	ame and Address of New Regis			
Name Name										
LEGAL ZOOM NEVADA, INC.					Street Address (P.O. Box Number is Not Acceptable)					
395 ALHAMBRA CIRCLE										
SUITE 301										
CORAL GABLES FL 33134				City	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										
F	ILE NOW!!! FEE IS \$150.00									
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>		5.00 May Be ded to Fees	
10.	OFFICERS AND D		11.			ADE	DITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
TITLE	P	☐ Delete	TITLE		fres		NY.	Chan		
NAME (	WHITEHEAD, RONALD	!	NAM						Ì	
STREET ADDRESS CITY-ST-ZIP	1311 COMMERCE LANE, SUITE 15   JUPITER FL 33458			ET ADDRESS -ST-ZIP					ļ	
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CITY-ST-ZIP				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: Rowald MAN Bread