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

P02000109033 DOCUMENT #

Country

1. Entity Name

CORPORATE CLEANING SERVICES OF TREASURE COAST, I NC.

6. Name and Address of Current Registered Agent



Principal Place of Business 1144 SW IRVING ST PORT ST LUCIE FL 34983

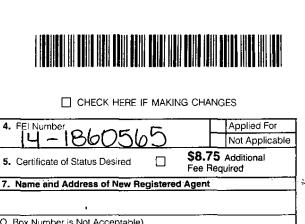
Mailing Address 1144 SW IRVING ST PORT ST LUCIE FL 34983

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

FILED May 01, 2003 8:00 am 3 Secretary of State

05-01-2003 90222 010 ***150.00



FAIRLEY, THOMAS ALEX 1144 SW IRVING ST PORT ST LUCIE FL 34983

Name			•			
Street A	ddress (P.O. Bo	x Number is N	ot Acceptab	le)		
	.,					
City				FL	Zip Code	
			. 0		741	

8. The altove 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.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition FAIRLEY, THOMAS ALEX NAME NAME 1144 SW IRVING ST STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ★ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quarry 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 addr

SIGNATURE: