FILED
May 05, 2003 8:00 am
Secretary of State

04-02-2003 90102 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109906

1. Entity Name
EN-JOY CLEANING INC.

55036614

Principal Place of Business	Mailing Address
6808 23RD AVE WEST BRADENTON FL 34209	6808 23RD AVE WEST BRADENTON FL 34209

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 6808 23rd Ave W.	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton	City & State: Bradenton Fl.
Zip: 34209 Country: Manatee	Zip: 34209 Country: US

4. FEI Number 04-3717220 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FITZPATRICK, MARY J
6808 23RD AVE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: Mary Joy Fitzpatrick
Street Address (P.O. Box Number is Not Acceptable): 6808 23rd Ave W.
City: Bradenton FL Zip Code 34209

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] 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PRESIDENT MARY JOY FITZPATRICK 6808 23rd AVE W BRADENTON FL 34209 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 3/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #