

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 ENJOY CLEANING INC.	

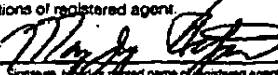
55036614

Principal Place of Business 6808 23RD AVE WEST BRADENTON FL 34209	Mailing Address 6808 23RD AVE WEST BRADENTON FL 34209
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2. Principal Place of Business 6808 23rd Ave W. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Bradenton FL	City & State Bradenton FL
Zip 34209	Country Maricopa
Zip 34209	Country US

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
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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, Print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)	DATE 3/26/03
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MARY JOY FITZPATRICK		NAME	
STREET ADDRESS 6808 23rd Ave W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 lines empowered.	
SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/26/03 Date Daytime Phone