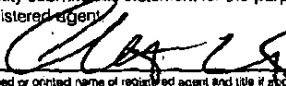


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-16-2003 90244 001 ***150.00

4/

DOCUMENT # P02000115902			
1. Entity Name OTERO'S MAINTENANCE CLEANING, INC			
Principal Place of Business 7104 SHENANDOAH CT TAMPA FL 33615		Mailing Address 7104 SHENANDOAH CT TAMPA FL 33615	
2. Principal Place of Business 7104 Shenandoah Ct Suite, Apt. #, etc. 7		3. Mailing Address 7104 Shenandoah Ct Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33615		Zip 33615	
Country US		Country US	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OTERO, ANTHONY 7104 SHENANDOAH CT TAMPA FL 33615		7. Name and Address of New Registered Agent Name: NONE Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code: 15	
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:  DATE: 4-14-03 (NOTE: Registered Agent signature required when reinstating)			
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	P OTERO, ANTHONY 7104 SHENANDOAH CT TAMPA FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03

CP2E034 (10/02)