

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90181 031 ***150.00

DOCUMENT # P02000124524

1. Entity Name
PALM BEACH CLEANING CONNECTION, INC.



Principal Place of Business
**262 PALMETTO CT.
JUPITER FL 33458
US**

Mailing Address
**262 PALMETTO CT.
JUPITER FL 33458
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

11-3675154

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAGELE, KAREN E
262 PALMETTO CT.
JUPITER FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Karen Nagle*
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 **P** ☐ Delete
NAME **NAGELE, KAREN E**
STREET ADDRESS **262 PALMETTO CT.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **Kenny Jones (VP)** ☐ Change ☒ Addition
NAME **262 Palmetto Ct.**
STREET ADDRESS **Jupiter FL 33458**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **BRADLEY, MARY L**
STREET ADDRESS **4523 BARCLAY CRESCENT**
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Chris Murphy**
STREET ADDRESS **262 Palmetto Ct.**
CITY-ST-ZIP **Jupiter FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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 like empowered.

SIGNATURE: *Karen Nagle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

Daytime Phone #

CR2E034 (10/02)