

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

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90070 037 ***550.00

DOCUMENT # *P-02000126462*

1. Entity Name

TIDY SERVICE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
404 HYACINTH DR

3. Mailing Address
404 HYACINTH DR #204

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

#204

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number

22-3892775

Applied For

Not Applicable

Zip
32506

Country
USA

Zip
32506

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JAKE H NOH

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

404 HYACINTH DR

#204

City
PENSACOLA

FL

Zip Code
32506

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JAKE H NOH
404 HYACINTH DR #204
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/03

Date

Daytime Phone #

CR2E034B (12/02)