## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000128329

1. Entity Name



## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90156 044 \*\*\*150.00

Principal Pages of Dusiness   Malling Address    1994 MEADOW PORD WAY    ORLANDO FL 32824    2. Principal Pages of Business    Suite, Apil #, etc.    City & State    City & S	J B C CLEANING SERVICES, INC.					/			
2. Pincipal Prace of Rushwes	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc.  City & State  Country  Country  S. Certificate of State Desired  S. Name and Address of Current Registered Agent  V. Name and Address of New Registered Agent  Name  LIZARDI, RAFAEL  1994 MEADOW POND WAY  ORLANDO FL 32824  City  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City File Now!!!  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City File Now!!!  FILE NOW!! FEE IS \$150.00  Make Check Payable to Thorida Department of State  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City File Now!!  The Now!  STIFFT ADMISS  OUT \$1.28  ORLANDO FL 32824.  City File Now!!  STIFFT ADMISS  OUT \$1.28  OUT \$1							) 1881/1887 (1) 881/10 (191/ 881/) 881/) 881/) 881/20 (191/ 191/ 191/ 191/ 191/ 191/ 191/ 191		
City & State  Ci	2. Principal Place of Business		3. Mailing Address					.1	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Applicable   \$9.75 Appl	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
20	City & State		City & State			4.			
Companies   Comp	Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired   \$8.75 Additional		
Name		6. Name and Address of Current	Registered Agent	1	<u> </u>	7.		$\dashv$	
Side   National   Side   Sid		•			Name			$\neg$	
ORLANDO FL 32824  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   S					Street Address	(P.O. E	Box Number is Not Acceptable)	-	
City   FL   Zip Code		•						-  `	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Signature   Signature type of printed name of migrature depends of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature type of printed name of migrature depends of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	ORLANDO	) FL 32824			City		<b>□</b> Zip Code	$\dashv$	
The contribution of registered agent   Signature, hyand or criteria name of regionance agent and title if applications of registered agent agent are displayed agent agentance invarient when retribution   DATE							r <sub>L</sub>		
	• 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.								
FILE NOW!!   FEE IS \$150.00   Atter May 1, 2003 Fee will be \$550.00   Minke Check Payable to Florida Department of State									
After May 1, 2003 Fee will be \$550/00 May Bo Nake Check Payable to Florida Department of State  10.		H = NOW!!! === 10 0450 05	<u> </u>	<del>-</del>				_	
TITLE   DLESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   DLESS   CITY-ST-ZIP   DLESS   CIT	After May 1, 2003 Fee will be \$550.00				•			<b>)</b>	
TITLE   DLESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   DLESS   CITY-ST-ZIP   DLESS   CIT	10.	OFFICERS AND	DIRECTORS	11.		ΑΓ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
MAME   STREET ADDRESS   1904 MEADOW POND WAY ORLANDO FL 32824.   STREET ADDRESS   1904 MEADOW POND WAY ORLANDO FL 32824.   STREET ADDRESS	TITLE	מ			· · · · · ·			m 8	
NAME		1 =		NAM				. 0	
NAME		1904 MEADOW POND WAY	- Too or			श्चित्तः,-	The part of the particular separate and the particular of the part	E034 (	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete .				☐ Change ☐ Additi	CR2	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	•		· ·				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS -CITY-ST-ZIP  TITLE NAME STREET ADDRESS -CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		re of a village	☐ Delete		1		☐ Change ☐ Additi	on .	
CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change   Addition   Addition   Addition   AMME   A		·			<b>I</b>			}	
NAME STREET ADDRESS -CITY_ST_ZIP  TITLE NAME STREET ADDRESS CITY_ST_ZIP  TITLE STREET ADDRESS CITY_ST_ZIP					l ·				
STREET ADDRESS =CITY_ST_ZIP.  TITLE NAME STREET ADDRESS CITY_ST_ZIP			Delete		Į.		Change Additi	on	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					i i				
TITLE		Source - August						-	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP			Delete	_			☐ Change ☐ Additi		
CITY-ST-ZIP         CITY-ST-ZIP           TITLE NAME         TILE NAME           STREET ADDRESS CITY-ST-ZIP         STREET ADDRESS CITY-ST-ZIP			O010t0					-	
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY- ST- ZIP         '.	STREET ADDRESS			STREE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  '	CITY-ST-ZIP			CITY-	ST-ZiP				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Additi	on	
CITY-ST-ZIP CITY-ST-ZIP									
					į.	٠,		İ	
		ertify that the information supplied with	this filing does not qualify for		i	ection	119 07/3)(i) Florida Statutas I further contilu that the information	$\dashv$	

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 the empowered.

**SIGNATURE:**