

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 005 ***150.00

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| DOCUMENT # <u>PO4 000004005</u> | |
| 1. Entity Name | |
| Earle's Construction Cleaning Inc | |

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| | | | |
|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 1660 Woodland ave | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State West Palm Beach, FL | | City & State | |
| Zip 33415 | Country | Zip | Country |

| | |
|---|---|
| 4. FEI Number 20-0545349 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 7. Name and Address of Current Registered Agent | |
| Name James Earle | |
| Street Address (P.O. Box Number is Not Acceptable) 1660 Woodland ave | |
| City West Palm Beach | Zip Code 33415 |

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 James Earle **President** **4/21/2005**
(Signature, typed or printed name of registered agent and title if 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|--|----------------------------|
| TITLE President | NAME James Earle |
| STREET ADDRESS 1660 Woodland Ave | |
| CITY-ST-ZIP West Palm Beach, Fl. 33415 | |
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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** **Date** **Daytime Phone #**