

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90074 012 ***150.00

DOCUMENT # P04000033167 1. Entity Name UPSTAIRS DOWNSTAIRS CLEANING SERVICES CORPORATION			
Principal Place of Business 1850 RINGLING BLVD SARASOTA, FL 34236		Mailing Address 1850 RINGLING BLVD SARASOTA, FL 34236	
2. Principal Place of Business 1990 main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236		3. Mailing Address 1990 main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236	
4. FEI Number 20-0767691		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D COLEMAN, SHIRLEY 1850 RINGLING BLVD SARASOTA, FL 34236	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, RONALD 1850 RINGLING BLVD SARASOTA, FL 34236	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, SHIRLEY 1850 RINGLING BLVD SARASOTA, FL 34236	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, RONALD 1850 RINGLING BLVD SARASOTA, FL 34236	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authority with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 01-16-06 On-line Filing #	