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

## DOCUMENT #

Principal Place of Business

P93000015647

Mailing Address

Entity Name

6776 TOWALCENIO

NATIONAL EXHAUST CLEANING, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90076 013 \*\*\*150.00

474				FOD 490434							
17† JACKSONVILLE FL 32244			JACKSONVILLE FL 32244				ļ				
US	LE FL 32244		US				-			140 Mai 481 H	
2. Principal P	lace of Quein		Ta Mailing Address								
z. Principal P	lace of busin	less	3. Mailing Address							61111 61911 1281 1681	
Suite, Apt.	#, etc.	<del> </del>	Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES			
City & State	e		City & State				4. 1	FEI Number 59-3172324	<u> </u>	Applied For Not Applicable	
Zip Country			Zip	<i>.</i>	Countr	Country -5.		Certificate of Status Desired	\$8.75 Fee Req	Additional	
	6. Name	and Address of Current	legistered Agent			7. Name and Address of New Registered Agent					
						Name					
JACOBS, ROBERT M							Chart Address (BO Bank) when is bles Accounting				
6776-171 TOWNSEND RD							Street Address (P.O. Box Number is Not Acceptable)				
SUITE 89											
· JAX FL 32344						City	<del></del> -		FL Zip (	Code	
8: The above named entity submits this statement for the purpose of changing its registered							istered ag	jent, or both, in the State of Florida. I	am familiar w	ith, and accept	
the obligations of registered agent.											
SIGNATURE											
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								<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		5.00 May Be ided to Fees	
Make Check	Payable to	Florida Department of	State	State				ridst rund Continuation.	AL	Idea to Fees	
10. 🚌	OFFICERS AND DIRECTORS 11.						AD	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
TITLE	·C			TITLE				☐ Chan	ge 🔲 Addition		
NAME		ROBERT M			NAME						
STREET ADDRESS		TOWNSEND RD				ADDRESS					
CITY-ST-ZIP		2244			CITY-S	ST- ŽIP .					
TITLE	D			☐ Delete	TITLE				Chan	ge 🔲 Addition	
NAME		MARLENE H			NAME	- 1				1	
STREET ADDRESS		TOWNSEND RD				ADDRESS				1	
CITY-ST-ZIP	JAX FL 32	244		<u> </u>	CITY-S	it-ZIP		No. 19 at 19 at 19			
TITLE				☐ Delete	TITLE	]			☐ Chan	ge 🔲 Addition	
NAME CIRCLE ADDRESS					NAME	ADDRESO					
STREET ADDRESS CITY-ST-ZIP					•	ADDRESS	•			{	
·-					CITY-S	ZIF					
TITLE				☐ Delete	TITLE				☐ Chan	ge 🗌 Addition l	
NAME STREET ADDRESS					NAME	ADDRESS	,			}	
CITY-ST-ZIP					CITY-S					Ţ	
	·										
TITLE NAME				☐ Delete	TITLE	1			☐ Chan	ge 🔲 Addition	
STREET ADDRESS					NAME	ADDRESS				ľ	
CITY-ST-ZIP					CITY-S					ĺ	
TITLE		<del></del>		☐ Delete	TITLE	<del></del>	•••	<u> </u>	☐ Chan	ge Addition	
NAME				□ Delete	NAME	1			LJ GIMIN	Ae Montinii )	
STREET ADDRESS						ADDRESS				1	
CITY-ST-ZIP CIT					CITY-S	J				1	
12 I hereby o	ertify that the	information cumplied with	this filing	door not qualify for	the even	ntion stated in	- Cootion	110 07(3)(i) Florida Statutas I furtha	- coutiful that th	no information	

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:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1-2-03

904-573-1803

Daytime Phone i

R2E034 (10/02