FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049666 (9)

U AND I CLEANING, INC.

Principal Place of Business	Mailing Address				
4296 LIGHTFOOT ST	4296 LIGHTFOOT ST				
SPRING HILL FL 34609	SPRING HILL FL 34609-2141				
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FILED Apr 03 1997 8:00am Secretary of State



4296 LIGHTFOOT ST SPRING HILL FL 34609		4286 LIGHTFOOT ST SPRING HILL FL 34609-2141								
						3. Date Incorporated or Qualified 07/15/1993		ate of Last I 01/1996	Report	
2. Principal Place of Business 2a. Mailing Address									Applied For	
21	и .	26				59-3195387			lot Applicable	
Suite, Apt	. #, CIC.	27 Suite, Apr. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta		City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country Zip Country 25 30			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered.	Agent		
	ARTARARO, ROSE MARIE			81	Name					
	4296 LIGHTFOOT ST Springs Hill FL 34609					dress (P.O. Box Number is Not Acceptat	le)		******	
•				83					**************************************	
				84	City	The state of the s	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	atutes, the al	oove	-named co	proporation submits this statement for the p	urbose o	f changing	its registered	
office or	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change wa	as authorized	d by	the corpor	ration's board of directors. I hereby accep	ot the app	ointment a	s registered	
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,								
Olfolder LOUIT	Signature, typied or printed name of registered	agent and title #applicable ()	NOTE Registere	l Age	nt signature rec	quired whon reinstating)	DATE			
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
MILE	U OLIADTADADO DOCCIMADII	DELETE	1.1 10		ì			L. Change	Addition	
NAME	QUARTARARO, ROSE MARII 4296 LIGHTFOOT ST	5	1.2 N/							
STREET ADDRESS	SPRING HILL FL 34609				ADDRESS					
CITY-S1-ZIP	SPRING FILL FL 34009	DELETE	1.4 Ct		I-ZIP			Change	Addition	
TITLE	•	beerie	21T) 22 N/					Onlange	רבן אסטווסטי	
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP					31-2IP					
TIME		DELETE	3.1 (1-511			Change	Addition	
NAME			32 N/	ME						
STREET ADDRESS			3.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 Tr	TLE		300000000000000000000000000000000000000		Change	Addition	
NAME			4. 2 N	AME						
STREET AMORESS			4.3 \$1	REE 1	ADDRESS					
Ci1y-S1-7iF	**************************************		4.4 C	1Y-\$	r-21P		**************************************			
TILLE		☐ DELETE	5.1 (1	116				☐ Change	Addition	
NAME			5.2 N	AME	1					
STREET ADDRESS			5.3 S	FREET	ADDRESS				•	
CHY-ST-ZIF	Manager 1, 1911 1111 1111 1111 1111 1111 1111		5.4 C		1 - ZIP			77.0	<u> </u>	
TITLE		☐ DELETE	6.1 TI		}			Change	Addition	
NAME			6.2 N		Ì					
STREET AUDRESS					ADDRESS					
CHTY-\$1-ZIP	-		64 C	TY-S	T-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

352-688-7761