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

## P93000076811

**DOCUMENT #** 

PIPER CLEANING SERVICE, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90088 026 \*\*\*150.00

W											
Principal Plac		S		g Address			.				
235 11TH ST.	-			1TH ST. S.W.							
NAPLES FL 34117			NAPL	NAPLES FL 33964							
US											
2. Principal Place of Business				0 M % A 12000							
2. Principal P	lace of Busin	nes <b>s</b>	3. Mai	3. Mailing Address							
Suite, Apt.	# oto		Suite, Apt. #, etc.				-				
Suite, Apt.	π, eιc.		3010	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				-City & State				FEI Number - FO 0000000	IAD	plied For	
							·	FEI.Number 59-3203968		t Applicable	
Zip	Country		Zip	Zip		Country			\$8.75 Add		
			'					5. Certificate of Status Desired Fee Required			
6. Name and Address of Current F							7. N	7. Name and Address of New Registered Agent			
						Name					
PIPER, CHRISTINE S				Street Add			ss (P.O. Box Number is Not Acceptable)				
235 11TH ST. S.W.				Street Address			30 (1 .U. D	i.o. box retitibe is two receptable)			
NAPLES FL 34117											
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1.		÷.				City		Fl	Zip Cod	e	
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 title if app	licable. (NOT	E: Registered	Agent signature requ	uired when re	einstating) DATE		-	
3,2 -	**										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing		<b>0</b> May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution.	Added	to Fees	
10.		OFFICERS AND		BS.	11.		ΔΩ	L DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
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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 or 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 suppower. SIGNATURE:

Daytime Phone #