2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # **P94000000006** Feb 09, 2000 8:00 am Secretary of State MAID TO CLEAN, INC. 02-09-2000 90003 006 ***150.00 Mailing Address Principal Place of Business 266 WILSHIRE BLVD., STE 131 266 WILSHIRE BLVD., STE 131 CASSELBERRY FL 32707-5381 CASSELBERRY FL 32707 LUU16045 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3216474 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DALTON, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 1510 ASPENWOOD ST. WINTER SPRINGS FL 32707 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition Change TITLE TITLE ☐ Delete NAME NAME DALTON, STEVEN K STREET ADDRESS STREET ADDRESS 1510 ASPENWOOD ST CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Addition ☐ Change ☐ Delete TITLE BOOKSHA, MALITA S NAME STREET ADDRESS STREET ADDRESS 1510 ASPENWOOD ST CITY-ST-ZIP CITY-ST-ZIE **WINTER SPRINGS FL 32708** ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

OBJECTED ALTON JAN 24 2000

FILED