

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P94000000006*

1. Entity Name  
*MAID TO CLEAN, INC.*



**FILED  
Mar 19, 2004 8:00 am  
Secretary of State**

03-19-2004 90041 003 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>3341 BENNINGTON CT</i>	3. Mailing Address <i>3341 BENNINGTON CT</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Winter Park FL</i>	City & State <i>Winter Park FL</i>
Zip <i>32792</i>	Country <i>Seminole</i>
Zip <i>32792</i>	Country <i>Seminole</i>

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
*59-3216474*

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent  
Name *Steve DALTON*  
Street Address (P.O. Box Number is Not Acceptable)  
*3341 BENNINGTON CT*  
City *WINTER PARK* FL *32792*

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PS  
DALTON, STEVE  
3341 BENNINGTON CT  
WINTER PARK FL 32792*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*VT  
DALTON, SUE (MALITA)  
3341 BENNINGTON CT.  
WINTER PARK FL 32792*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Steve Dalton Steve D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-12-04 (407) 679-2669*

Date

Daytime Phone #

CR2E037B (12/02)