FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 89400000006

MAID TO CLEAN, Inc.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90198 039 ***150.00

DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business 3341 Bennington Ct Suite, Apt. #, etc. Suite, Apt. #, etc.

10062861

DO NOT WRITE IN THIS SPACE

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City & State		City & State Winter Por	K FL	4. FEI Number 59-3216474	Applied For Not Applicable	
Zip	Country	^{ズip} ろ る1 <i>9</i> 2	Seminale	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				,7. Name and Address of Current Registered Agent		
DO NOT WRITE Name StaveN K DALTON Street Address (P.O. Box Number is Not Acceptable)					, et a little	
	DO NOTAV	RHE		P.O. Box Number is Not Acceptable)		
			3341	Bennington Ct.		
	in this sp	AUE				
	n-read and the		CityWinta	e Park F	L 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE	: 					

10.

Signature, typed or printed name of registered agent and title if app

OFFICERS AND DIRECTORS

January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

President " Secretary TITLE Stava DALTON NAME: MAME 3341 Bennington Ct. STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP WinterPark FL 32742 CITY-ST-ZIP VICE President - Treasure Sue DALTON (MALITA) TITLE NAME NAME 3341 Bennington C. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Winter Park FL 32792 CITY-ST-ZIP TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS CHTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)