

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023683

1. Entity Name

DEBBIES CHRISTIAN CLEANING SERVICE INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90067 024 ***150.00

Principal Place of Business

Mailing Address

~~138 11TH AVE S.~~
~~JACKSONVILLE BCH FL 32250~~
US

138 11TH AVE S.
JACKSONVILLE BCH FL 32250
US

LUUU7577

2. Principal Place of Business

3. Mailing Address

1328 South 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jax Beach

City & State

Florida

Same

Zip 32250

Country Duval

Zip

Country

4. FEI Number 59-3231268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, DEBORAH

~~138 11 AV S~~

JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MARIN, DEBORAH
STREET ADDRESS 138 11TH AVENUE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE VPD
NAME BODYTKO, DEBRA
STREET ADDRESS 138 11TH AVENUE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32250 ☒ Delete

TITLE GM
NAME ROWELL, TRACY
STREET ADDRESS 3780 UNIVERSITY CLUB 2307
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE S
NAME PARRY, DAWN
STREET ADDRESS 3780 UNIVERSITY CLUB 2307
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE S
NAME ROWELL, CLINTON
STREET ADDRESS 138 11 AV S
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE T
NAME FORR, LAREE
STREET ADDRESS 8322 BRACKRIDGE BV S
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

Vice President
NAME Patricia Paremski
STREET ADDRESS 120 Mayport Rd. # 11
CITY-ST-ZIP Jax. FL 32233 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)

002137