

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023683

1. Entity Name

Debbie's Christian Cleaning Service Inc.

Principal Place of Business

Mailing Address

3847 Zion Rd.
Jacksonville, Florida 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as above

City & State

City & State

Zip

Country

Zip

Country

USA

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

Name

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

City

FL

Zip Code

Deborah Marin
3847 Zion Rd.
Jax. Fl. 32207

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

Deborah Marin

9-20-2001

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. PD OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MARIN DEBORAH
3847 Zion Road
Jax. Fl. 32207

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP Patricia Poremski
120 Mayport Rd #11
Jax. Fl. 32233

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GM Rowell Tracy
3960 Old Sunbeam Rd #802
Jax. Fl. 32257

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Parry Dawn
3960 Old Sunbeam Rd #802
Jax. Fl. 32257

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Rowell Clinton
138 11th Ave S
Jax. Bch. Fl. 32250

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP Elsie Morrison
9380 103rd St. Lot #113
Jax. Fl. 32210

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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-10/01/01-01081-003

*****61.25 *****61.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S Beverly Watts
1154 Ingleside Ave
Jax. Fl. 32205

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T James Keenium
9380 103rd St. #113
Jax. Fl. 32210

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

SIGNATURE:

Deborah Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-20-2001 568-0211

904-904-904-904

CR2E034 (11/00)