

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90082 032 ***150.00

DOCUMENT # P94000023683

1. Entity Name
DEBBIES CHRISTIAN CLEANING SERVICE INC.



Principal Place of Business
**3847 ZION ROAD
JACKSONVILLE FL 32207
US**

Mailing Address
**3847 ZION ROAD
JACKSONVILLE FL 32207
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

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
3847 ZION ROAD
JACKSONVILLE FL 32207**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MARIN, DEBORAH**
STREET ADDRESS **3847 ZION ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **VP** ☐ Delete
NAME **MORRISON, ELSIE**
STREET ADDRESS **9380 103RD ST., LOT 113**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **GM** ☐ Delete
NAME **ROWELL, TRACY**
STREET ADDRESS **3960 OLD SUNBEAM RD., #802**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **S** ☐ Delete
NAME **PARRY, DAWN**
STREET ADDRESS **3960 OLD SUNBEAM RD., #802**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

TITLE **S** ☐ Delete
NAME **WATTS, BEVERLY**
STREET ADDRESS **1154 INGLESIDE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **T** ☐ Delete
NAME **KEENUM, JAMES**
STREET ADDRESS **9380 103RD STREET, #113**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Marin **Deborah Marin** 904-396-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1-15-03** Daytime Phone #

CR2E034 (10/02)