2000 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P94000041180 02-11-2000 90037 003 ***150.00 SUNDAY'S CLEANING SERVICE INC Principal Place of Business Mailing Address 34 COVE LANE 34 COVE LANE 中心企工会主任心 EUSTIS FL 32726-7315 EUSTIS FL 32726 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-3329294 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THURMAN, JOAN S Street Address (P.O. Box Number is Not Acceptable) 34 COVE LANE EUSTIS FL 32726 Zin Code City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. TITLE □ Change ☐-Addition Delete TITLE THURMAN, JOAN S NAME NAME 34 COVE LANE STREET ADDRESS STREET ADDRESS **EUSTIS FL 32726** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F □ Delete TITLE : 4 C North # 1 NAME NAME 20 M. W. 1071 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or direction 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

changed, or on an attach

SIGNATURE:

FILED

Daytime Phone #