

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074491

1. Entity Name

Typhoon Cleaning Systems, Inc. (R)

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90003 011 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. Box 18704  
Tampa, Fl. 33679

2. Principal Place of Business

P.O. Box 18704  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 18704  
Suite, Apt. #, etc.

00064240

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, Fl.

Zip  
33679

Country  
USA

City & State  
Tampa Fl.

Zip  
33679

Country  
USA

4. FEI Number

59-3271323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Michele C Harris  
3117 Fielder St.  
Tampa, Fl. 33611

7. Name and Address of New Registered Agent

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
J. Kieffer Harris, Pres. ☐ Delete  
3117 Fielder St.  
Tampa, Fl. 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director ☐ Delete  
Michele Harris  
3117 Fielder St.  
Tampa Fl. 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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CITY-ST-ZIP  
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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:

Michele C Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-00

Date

813-902-8146

Daytime Phone #

CR2E034 (9/99)