

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000086808

FILED  
Apr 09, 2003  
Secretary of State

Entity Name: BROOM SERVICE, INC.

**Current Principal Place of Business:**

88 CYPRESS POINT DR  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

3104 TAMIAMI TRAIL N  
PMB 135  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 58-2133223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRON, WILLIAM K  
88 CYPRESS POINT DR  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRON, WILLIAM K SR.  
Address: 88 CYPRESS POINT DR  
City-St-Zip: NAPLES, FL

Title: ST ( ) Delete  
Name: BARRON, VICTORIA H  
Address: 88 CYPRESS POINT DR  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KENT BARRON SR.

PRES

04/09/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date