

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025190

1. Entity Name

MAIDS PLUS, INC.

Principal Place of Business

1605 MAIN STREET SUITE 1001
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET SUITE 1001
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0567823

Applied

Not Appl

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

GOLDSMITH, STANLEY A
1605 MAIN STREET SUITE 1001
SARASOTA FL 34236

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Ma
Added to Fe

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
BURNS, SORAYA
4523 BEE RIDGE RD
SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 016 ***150.00



DO NOT WRITE IN THIS SPACE

4-15-02

(941)

488-3460

Attachment

BD125984

SP95000625790

6-18-02

Hello my name is Kevin Bulas
I spoke to Michelle about my
missing UDR Report and she
told me to send this letter
requesting a waiver of penalty.

Enclosed you will find a copy
of my original form.

Thank you for your help.

K Bulas