

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90066 046 \*\*\*150.00

0096276 AN

**DOCUMENT # P95000027425**

**1. Entity Name**  
**DAISY MAIDS INC.**



**Principal Place of Business**  
**8308 WOODLAKE PLACE**  
**TAMPA FL 33615**

**Mailing Address**  
**8308 WOODLAKE PLACE**  
**TAMPA FL 33615**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3310233**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROBBINS, SANDRA J**  
**8308 WOODLAKE PLACE**  
**TAMPA FL 33615**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **ROBBINS, SANDRA J**  
**STREET ADDRESS** **8308 WOODLAKE PLACE**  
**CITY-ST-ZIP** **TAMPA FL 33615**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:** *Sandra Robbins* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/29/03*

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80134705  
P95000027425  
DAISY MAIDS INC.  
8303 WOODLAKE PLACE.  
TAMPA, FL. 33615

JULY 9, 2003

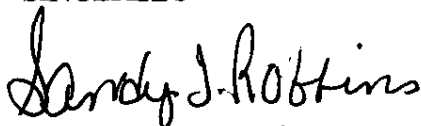
TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: DAISY MAIDS INC.  
8308 WOODLAKE PLACE  
TAMPA, FL. 33611  
59-3310233

THE ORIGINAL COPY OF THE 2003 UNIFORM BUSINESS REPORT WAS NOT  
RECEIVED BY THIS OFFICE.

ENCLOSED CHECK FOR \$ 150.00 PER RECORDED INSTRUCTIONS.

SINCERELY

  
SANDRA ROBBINS