

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90206 022 ***150.00

DOCUMENT # P95000039511

1. Entity Name
IVAN'S ALLSTAR CLEANING SERVICE, INC.



Principal Place of Business
4204 12TH ST W
LEHIGH ACRES FL 33971

Mailing Address
4204 12TH ST W
LEHIGH ACRES FL 33971



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0582155

Applied For

Not Applicable

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

LATTRAY, IVANHOE
4204 12TH ST W
LEHIGH ACRES FL 33971

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 *Ivanhoe Lattray*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LATTRAY, IVANHOE
STREET ADDRESS 4204 12TH ST W
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE P.S.T. ☒ Change ☐ Addition
NAME Lattray Ivanhoe
STREET ADDRESS 4204 12th St W
CITY-ST-ZIP Lehigh Acres FL 33971

TITLE D ☐ Delete
NAME ELLIS, DESMOND
STREET ADDRESS 4206 12TH ST W
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE VP ☒ Change ☐ Addition
NAME Ellis Desmond
STREET ADDRESS 4206 12th St W
CITY-ST-ZIP Lehigh Acres, FL 33971

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, 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 by 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 has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivanhoe Lattray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)