

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90063 048 \*\*\*150.00

DOCUMENT # P95000053574

1. Entity Name

Fastidious Cleaning Service, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

860 Shady Bridge

3. Mailing Address

PMB 109 A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello

City & State

Tallahassee

Zip

32344

Country

US

Zip

32308

Country

US

4. FEI Number

59-3325277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Robert C. Glover

Street Address (P.O. Box Number is Not Acceptable)

860 Shady Bridge

City

Monticello

FL

Zip Code

32344

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 Robert C. Glover

Robert C. Glover

04/29/02

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Glover Robert C. 860 Shady Bridge Monticello FL 32344

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Glover Lynn M. 860 Shady Bridge Monticello FL 32344

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Robert C. Glover

04/29/02 (850) 212 467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)