2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000058928**

1. Entity Name

LEON CLEANING SERVICE, INC.

Principal Place of Business   Mailing Address

2. Principal Place of Business	3. Mailing Address		
2740 BUSINESS CENTER BL	2740 BUSINESS CENTER BLVD.		
Suite Apt # etc	Suite, Apt. #, etc.		
STE 3	STE 3		
City & State	City & State		4. FEI Number
MELBOURNE FL	MELBOURNE FL		59-3327938
Zip	Country	Zip	Country
32940		32940	

REINSTATEMENT 96-01 SP

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 ELZBIETA CHRZANOWSKI
	Street Address (P.O. Box Number is Not Acceptable) 2740 BUSINESS CENTER BLVD STE 3
	City MELBOURNE FL Zip Code 32940

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: *Elzbieta Chrzanowski*   Elzbieta Chrzanowski   Aug. 30, 2001

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRONISLAW CHRZANOWSKI 4287 WOODHALL CIR VIERA FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELZBIETA CHRZANOWSKI 4287 WOODHALL CIR VIERA FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004579369--3 -09/11/01--01001--029 ***1508.75 ***1508.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 if changed or on an attachment with an address with all other like empowered.

SIGNATURE: *Bronislaw Chrzanowski*   Aug. 30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #