

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90050 036 ***150.00

036587 AV

DOCUMENT # P95000059802

1. Entity Name

BEST WAY CLEANING SUPPLIES, INC.

Principal Place of Business

1559 CYPRESS DRIVE
SUITE 1
JUPITER FL 33469

Mailing Address

212 RIVER TERR DR 1559 Cypress Dr.
JUPITER FL 33469

2. Principal Place of Business

3. Mailing Address

1559 Cypress Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33469

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCK, JAMES G
212 RIVER TERR DR
JUPITER FL 33469

Name

Bock, James G.

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

19065 Talon Way

City

Jupiter

FL

Zip Code

33458

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

James G. Bock James G. Bock, Pres.

3/30/2002

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOCK, JAMES G
212 RIVER TER DR
JUPITER FL 33469

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE:

James G. Bock James G. Bock, Pres.

3/30/2002

561-748-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)