

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

FILED

03 MAY -6 AM 8:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**200016210422
04/17/03--01039--018 **150.00**

DO NOT WRITE IN THIS SPACE

03

DOCUMENT # **995000083098**

1. Entity Name

C/S Cleaning Team INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10745 Firebrick Ct

3. Mailing Address
10745 Firebrick Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey

City & State
New Port Richey

4. FEI Number **593343593**

Applied For
Not Applicable

Zip
34655

Country
Pasco

Zip
34655

Country
Pasco

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

7. Name and Address of Current Registered Agent

Name **Steve Miller**

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

10745 Firebrick Ct

City **New Port Richey**

FL

Zip Code
34655

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

4/11/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Owner/President
Steve Miller
10745 Firebrick Ct
New Port Richey FL 34655**

TITLE
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Miller 4/11/03

772 376-4617

CR2E034B (12/02)

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