

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083893

1. Entity Name

AT YOUR SERVICE PROFESSIONAL CLEANING, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90108 041 ***150.00

Principal Place of Business

Mailing Address

828 S GONDOLA DR
VENICE FL 34293
US

828 S GONDOLA DR
VENICE FL 34293-1907
US

2. Principal Place of Business

395 Dorchester
Suite, Apt. #, etc.

3. Mailing Address

395 Dorchester
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Venice FL

City & State

Venice FL

4. FEI Number

65-0646862

Applied For

Not Applicable

Zip

34293

Country

US

Zip

34293

Country

US

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

Change of Address:

Harned, Michael J.
395 Dorchester Dr.
Venice, FL 34293

Name

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

395 Dorchester

City

Venice

FL

Zip Code

34293

changing its registered office or registered agent, or both, in the State of Florida.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

MAY 1, 2000 Fee will be \$550.00

Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

395 Dorchester
Venice, FL 34293

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

HARNED, DEBORAH K
530 SILK OAK DRIVE
VENICE FL 34293

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

395 Dorchester
Venice, FL 34293

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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:

Deborah K. Harned

(941) 497-7258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)