

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 042 ***150.00

DOCUMENT # **P96000026668**

1. Entity Name
**DANA'S Housekeeping Personnel
Service #2, INC.**



DO NOT WRITE IN THIS SPACE

11041559

2. Principal Place of Business
3500 N. State Road 7

3. Mailing Address
603 Executive Drive

Suite, Apt. #, etc.
Suite 100 B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lauderdale Lakes, FL

City & State
Winter Park, FL

4. FEI Number
65-0655703

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brandy Thompson

Street Address (P.O. Box Number is Not Acceptable)
5174 SIGNAL HILL Rd

City
Orlando

FL

Zip Code
32808

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 **Steven Fahlgren, P.A.**

DATE **5/1/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
**President
LESLIE GOODMAN
5174 SIGNAL HILL Rd
Orlando, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Patricia Trocki-Lamp
266 OXALIS Drive
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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: **Leslie Goodman, LESLIE GOODMAN** 5/1/03 (321) 228-4087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)