

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0391045 AV

DOCUMENT # P96000073484

1. Entity Name

SHINE JANITORIAL CONTRACTOR, INC.



FILED

03 JAN 15 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

4911 PIMLICO COURT  
WEST PALM BEACH FL 33415

Mailing Address

4911 PIMLICO COURT  
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUTTLE, RAQUEL T  
1326 N DIXIE HIGHWAY  
SUITE 10  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

RAUL ARTEAGA

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

1326 N. DIXIE Hwy. #10

City

LAKE WORTH

FL

Zip Code

33460

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ARTEAGA, RAUL  
STREET ADDRESS 4911 PIMLICO COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800010135338  
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other firm approved.

SIGNATURE:

SIGNATURE REQUIRED

Raul Arteaga, Pres. 12/31/02 (561) 547-4005

CR2E034 (10/02)