

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084865

1. Entity Name

ASPER CLEANING SERVICES, INC.

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

05-22-2000 90022 013 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3809 OLD MILL CT
273
PALM HARBOR FL 34684
US

Mailing Address

3809 OLD MILL CT
273
PALM HARBOR FL 34684-4350
US

2. Principal Place of Business

2866 Countrybrook Dr.

3. Mailing Address

2866 Countrybrook Drive

Suite, Apt. #, etc.

24

Suite, Apt. #, etc.

24

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3403458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINISH, VICTORIA
575 BLOOMINGTON CT., UNIT 24
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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

TITLE DP
NAME PRETKOWSKI, PETER
STREET ADDRESS 7890 SHOALS DR., APT. D
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Peter Pretkowsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 727-784-2483
Date Daytime Phone #

CR2E034 (9/99)