2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P96000085165

Mailing Address

1. Entity Name

FOUR STAR CLEANING, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90071 005 ***150.00

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3101 HILLSIDE LN SAFETY HARBOR FL 34695			3101 HILLSIDE LN SAFETY HARBOR FL 34695								1
2. Principal Place of Business			3. Mailing Address								İ
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. 1	FEI Number 59-3404813			pplied For ot Applicable	3
Zíp		Country	Zip	Count	ry	5. (Certificate of Status Desired	□ \$	8.75 Ad ee Require	ditional ed	1
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Re	gistered Ag	ent		_
VDETTO	e ioun				Name						
VRETTO: 3101 HIL	LSIDE LN			Street Address			(P.O. Box Number is Not Acceptable)				
SAFETY	HARBOR FI	_ 34695		ĺ							1
				=	City			FL	Zip Cod	le	1
8. The above	named entity	submits this statement for	r the purpose of changing its	registere	d office or reg	gistered ag	ent, or both, in the State of Florid	da. I am far	L niliar with.	and accept	\dashv
the obligati	ions of registe	ered agent.		-	·				,		
SIGNATURE _	Signature, typed o	r printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature re	equired when re	cinstating)	DATE			
	II E MOWIII	FEE IS \$150.00					····				\dashv
After	May 1, 200	Fee will be \$550.00 Florida Department of	State	· <u></u>	Same		Election Campaign Finar Trust Fund Contribution	ncing		0 May Be	
10.		OFFICERS AND I		11.		<u> </u>	DITIONS/CHANGES TO OFFIC	EDC AND D	IDECTOR	C IN 11	4
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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 equired 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #