2002 UNIFORM BUSINESS REPORT (UBR)

P96000088916 DOCUMENT

1. Entity Name

AFFORDABLE GROUT CLEANING, INC.

Principal Place of Business

10068 NW 53 STREET SUNRISE FL 33351

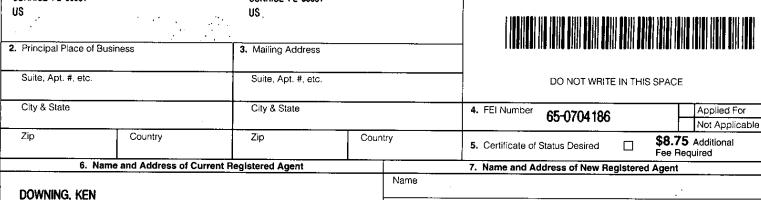
SIGNATURE

11.

10068 NW 53 STREET SUNRISE FL 33351

Mailing Address

10068 NW 53 STREET SUNRISE FL 33351



City

(NOTE: Registered Agent signature required when reinstating)

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.

9.	. This corporation is eligible to satisfy its Intangible	
	Tax filing requirement and elects to do so.	-
	(See criteria on back)	П

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

12.

10. Election Campaign Financing Trust Fund Contribution.

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

FILED

04-30-2002 90151 039 ***150.00

Apr 30, 2002 8:00 am § Secretary of State

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOWNING, KEN NAME : NAME 10068 NW 53RD ST STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP WRONG TITLE ☐ Delete TITLE **M** Change ☐ Addition DOWNING MARIA DOWNING, MARIAFT F NAME NAME 10068 NW 53RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🖸 : Delete 🛰 🚐 🚐 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied ental, eport 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 true empowered to secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR