

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90404 029 \*\*\*150.00

**DOCUMENT # P97000000176**

1. Entity Name  
**BLANCHE AMMONS CLEANING SERVICE, INC.**

Principal Place of Business Mailing Address  
**5361 SOUNDVIEW AVE P O BOX 3975**  
**ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32085-3975**  
**US**

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 **59-3418759** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NICHOLS, CAROL L~~  
~~69-B S DIXIE HIGHWAY~~  
~~SAINT AUGUSTINE FL 32084~~

Name **BLANCHE M. AMMONS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5361 SOUNDVIEW AVE.**  
**St. Augustine, FL.**  
 City **FL** Zip Code **32080**

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 *Blanche M. Ammons* DATE **4-15-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>AMMONS, BLANCHE</b> <b>P O BOX 3975 N/A</b> <b>ST AUGUSTINE FL 32085-3975</b>	<input type="checkbox"/> Delete		
<b>D</b> <b>AMMONS, BLANCHE</b> <b>PO BOX 3975</b> <b>ST. AUGUSTINE FL 32085</b>	<input checked="" type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Blanche Ammons* **BLANCHE AMMONS** DATE **4/15/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)