

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90044 016 ***150.00

DOCUMENT # P97000013182

1. Entity Name

EXPRESS RESTORATION & CLEANING, INC.

Principal Place of Business

1210 RAINBROOK CIRCLE
VALRICO FL 33594

Mailing Address

1210 RAINBROOK CIRCLE
VALRICO FL 33594-7004

2. Principal Place of Business

5011 CALHOUN ROAD
Suite, Apt. #, etc.

3. Mailing Address

5011 CALHOUN ROAD
Suite, Apt. #, etc.

City, State

Plant City, FL
Zip 33567

City, State

Plant City, FL
Zip 33567

4. FEI Number

59-3444724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGRINZONIS, MARISOL
1210 RAINBROOK CIRCLE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: MARISOL AGRINZONIS

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

5011 CALHOUN ROAD

City: PLANT CITY

FL

Zip Code: 33567

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]* MARISOL AGRINZONIS DATE: 2-1-2000

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	<input type="checkbox"/> Delete
NAME	AGRINZONIS, MARISOL	
STREET ADDRESS	1210 RAINBROOK CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARISOL AGRINZONIS	
STREET ADDRESS	5011 CALHOUN ROAD	
CITY-ST-ZIP	PLANT CITY FL. 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* MARISOL AGRINZONIS - President 2/2/2000 (810) 684-9799