

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90297 029 ***150.00

DOCUMENT # P97000023201

1. Entity Name

PREMIER CLEANING SERVICES, INC.

Principal Place of Business

166 CORRINE PLACE
KEY LARGO FL 33037
US

Mailing Address

P.O. BOX 1263
KEY LARGO FL 33037

UUUJJJAA

2. Principal Place of Business

103400 Overseas Hwy
Suite, Apt. #, etc.
203

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Largo FL

City & State

4. FEI Number 65-0741841

Applied For
Not Applicable

Zip
33037

Country

Zip

Country

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

FIKE, MARK W
166 CORRINE PLACE
KEY LARGO FL 33037

Name

Fike, MARK W.

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

103400 Overseas Hwy, suite 203

City

Key Largo

FL

Zip Code

33037

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, 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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FIKE, MARK W | |
| STREET ADDRESS | 854 FIRST LANE | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FIKE, BARBARA W | |
| STREET ADDRESS | 854 FIRST LANE | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARK W Fike |
| STREET ADDRESS | 103400 Overseas Hwy suite 203 |
| CITY-ST-ZIP | Key Largo FL 33037 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARK W. Fike |
| STREET ADDRESS | 103400 Overseas Hwy suite 203 |
| CITY-ST-ZIP | Key Largo FL 33037 |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

305-453-3773

Daytime Phone #

CR2E034 (10/00)