2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000026237** Apr 06, 2000 8:00 am Secretary of State VICTOR GAFFERT CLEANING, INC. 04-06-2000 90010 001 ***150.00 Principal Place of Business Mailing Address 100 ORANGE RIDGE ROAD 100 ORANGE RIDGE ROAD LONGWOOD FL 32779 LONGWOOD FL 32779-3030 A0033700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3441020 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMENEMY, BRUCE C Street Address (P.O. Box Number is Not Acceptable) 300 CR 427 SUITE 306 LONGWOOD FL 32750 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSTD** ☐ Addition TITLE ☐ Defete TITLE Change GAFFERT, VICTOR R NAME NAME 100 ORANGE RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LINEET AUDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete ſ☐ Change TITLE Addition NAME STREET ADDRESS ST - 71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME LOCAL CO STREET ADDRESS CITY-ST-ZIP ST-7P ☐ Delete TITLE ☐ Change ☐ Addition NAME . 1000503 STREET ADDRESS ST ZIP CITY-ST-7IP

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 suppliemental 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.