

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047039

1. Entity Name

MEDICAL AND COMMERCIAL CLEANING SERVICES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90464 047 \*\*\*158.75

Principal Place of Business

Mailing Address

1003 MOUND AVENUE  
 KISSIMMEE FL 34741

1003 MOUND AVENUE  
 KISSIMMEE FL 34741-6152

2. Principal Place of Business

3. Mailing Address

932 DYER Blvd

932 DYER Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

#201

City & State

City & State

Kissimmee, FL

Kissimmee, FL

Zip

Country

Zip

Country

34741

OSCEOLA

34741

OSCEOLA

4. FEI Number

59-3449240

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

CARTER, PEGGY H  
 1003 MOUND AVENUE  
 KISSIMMEE FL 34741

Name

CARTER, PEGGY H

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

3605 MARSH RD

City

Kissimmee

FL

Zip Code

34746

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 WILLIAM O CARTER William O Carter

4-30-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS CARTER, PEGGY H  
 CITY-ST-ZIP 1003 MOUND AVENUE  
 KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
 NAME P  
 STREET ADDRESS CARTER, PEGGY H.  
 CITY-ST-ZIP 3605 MARSH RD  
 Kissimmee, FL 34746

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CARTER, WILLIAM O  
 CITY-ST-ZIP 1003 MOUND AVE  
 KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS CARTER, WILLIAM O.  
 CITY-ST-ZIP 3605 MARSH RD  
 Kissimmee, FL 34746

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William O Carter - William O CARTER

Date

4-30-00

Daytime Phone #

407  
 847-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)