

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UBR3040
AV

DOCUMENT # P97000056714

1. Entity Name
AMERICAN EXTERIOR CLEANING, CORP.



FILED

03 MAR 11 AM 11:27

Principal Place of Business
~~3317 RUE DE LAFITTE~~ 5104 Touraine Dr
TALLAHASSEE FL ~~32312~~ 32308

Mailing Address
P O BOX 3768
TALLAHASSEE FL 32315
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5104 Touraine Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3768
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL

Zip
32308

Country
Leon

City & State
Tallahassee FL

Zip
32315

Country
Leon

4. FEI Number 59-3455083
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, LEWIS B III
3317 RUE DE LAFITTE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name
Terry Wilhelm

Street Address (P.O. Box Number is Not Acceptable)
5104 Touraine Dr

City
Tallahassee FL

Zip Code
32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Terry Wilhelm
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
3-11-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, LEW 3317 RUE DE LAFITTE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, KATHY 3317 RUE DE LAFITTE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wilhelm, Terry 5104 Touraine Dr Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Wilhelm, Ron 5104 Touraine Dr Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Damon Dobbins 1106 Appleyard Drive Tallahassee FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kiley Dobbins 1106 Appleyard Drive Tallahassee FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

3-11-03
Date

878-3753
Daytime Phone #

CR2E034 (10/02)