

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000156

1. Entity Name

SOS CLEANING SERVICE, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90073 032 ***150.00

Principal Place of Business

Mailing Address

2546 CORAL WAY W
DAYTONA BEACH FL 32118

2546 CORAL WAY W
DAYTONA BEACH FL 32118-6218

2. Principal Place of Business

3230 RIVERVIEW LANE

Suite, Apt. #, etc.

3. Mailing Address

3230 RIVERVIEW LANE

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL 32118

Zip

Country

City & State

DAYTONA BEACH, FL 32118

Zip

Country

4. FEI Number

59-3484043

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

SOSTARICH, JOHN F
~~2546 CORAL WAY W~~
DAYTONA BEACH FL 32118

Name

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

3230 RIVERVIEW LANE

City

FL

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOSTARICH, JOHN F
~~2546 CORAL WAY W~~
DAYTONA BEACH FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3230 RIVERVIEW LANE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOSTARICH, SHEILA M
~~2546 CORAL WAY W~~
DAYTONA BEACH FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3230 RIVERVIEW LANE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

John F. Sostarich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. SOSTARICH, PRESIDENT

Date

03/10/00

Daytime Phone #

CR2E034 (9/99)