## 2001 UNIFORM BUSINESS REPORT (UBR) 02-11-2002 90043 033 \*\*\*\* 900.00 P98000015821 P98000015821 **DOCUMENT #** <u>41.b</u> 1. Entity Name GRY OF STAIL MIDOLO'S FIRST CLASS CLEANING SERVICE, INC. SICH OF CORPORATIO 02 FEB 25 AM 2:07 Principal Place of Business Mailing Address 7769 SPRINGFIELD LAKE DRIVE 7769 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS S Applied For 4. FEI Number City & State City & State 65-0817435 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ALAN FEIGENBAUM FEIGENBAUM, ALAN Street Address (P.O. Box Number is Not Acceptable) 200 KNUTH RD #6 1700 W. WOOLBEIGHT RD **STE 220** Zip Code 426 **BOYNTON BCH FL 33436** BOYNTON GEACH e of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for thy SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egebt at FILE NOWILL FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete Change ☐ Addition TITLE ipstd TITLE MIDOLO, PEGGY S NAME NAME E034 7769 SPRINGFIELD LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

1125/02