FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/14/2004-90003-024-$150.00-$150.00

DOCUMENT # P98000015821

1. Entity Name
Midolo's First Class Cleaning Service, Inc

FILED
04 OCT 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7769 Springfield Lake Dr Suite, Apt. #, etc.
City & State: Lake Worth	City & State: Florida
Zip: 33467 Country	Zip: Country

FEI Number: 65-0817435 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peggy Midolo

Street Address (P.O. Box Number is Not Acceptable): 7769 Springfield Lake Dr.

City: Lake Worth FL Zip Code: 33467

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Peggy Midolo
STREET ADDRESS	7769 Springfield Lk Dr.
CITY-ST-ZIP	Lake Worth Fl 33467
TITLE	V. President
NAME	David B Midolo
STREET ADDRESS	7769 Springfield Lk Dr.
CITY-ST-ZIP	Lake Worth, Fl 33467
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy B Midolo 8/30/04 561-969 6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #