FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93599 012 ***150.00

DOCUMENT # P98000021443

1. Entity Name
COMPLETE CLEANING CONTRACT INC

DO NOT WRITE IN THIS SPACE

673789

2. Principal Place of Business	3. Mailing Address
1324 SEVEN SPRINGS BLVD	1324 SEVEN SPRINGS BLVD
Suite, Apt. #, etc.: #322	Suite, Apt. #, etc.: #322
City & State: NEW PORT RICHEY FL	City & State: NEW PORT RICHEY FL
Zip: 34655 Country:	Zip: 34655 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3512305 ☐ 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: DANUTA SENDRA

Street Address (P.O. Box Number is Not Acceptable):
1324 SEVEN SPRINGS BLVD #322

City: NEW PORT RICHEY FL Zip Code: 34655

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: Waldemar Budniak 05/06/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	WALDEMAR BUDNIAK
STREET ADDRESS	1710 SUNKISSED DR
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	VP
NAME	DANUTA SENDRA
STREET ADDRESS	1710 SUNKISSED DR
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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

SIGNATURE: Waldemar Budniak 05/06/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #