


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91832 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000021443</b>		
1. Entity Name <b>COMPLETE CLEANING CONTRACT INC</b>		
Principal Place of Business 1324 SEVEN SPRINGS BLVD SUITE 322 NEW PORT RICHEY, FL 34655		Mailing Address 1324 SEVEN SPRINGS BLVD SUITE 322 NEW PORT RICHEY, FL 34655
2. Principal Place of Business <b>708 E TARPON AVE #23</b> Suite, Apt. #, etc.		3. Mailing Address <b>4378 PARK BLVD</b> Suite, Apt. #, etc.
City & State <b>TARPON SPRINGS FL</b> Zip Country <b>34689 - -</b>		City & State <b>PINELLAS PARK FL</b> Zip Country <b>33781 - -</b>
4. FEI Number <b>59-3512305</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SENDRA, DANUTA</b> <b>1324 SEVEN SPRINGS BLVD</b> <b>SUITE 322</b> <b>NEW PORT RICHEY, FL 34655</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent's signature required when amending) 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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDNIAK, WALDEMAR 1710 SUNKISSED DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENDRA, DANUTA 1710 SUNKISSED DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(1), 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: <i>N. Budnik</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/24/03 Date Daytime Phone #

CR2E034 (10/02)