2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P98000031067 1. Entity Name P.C.F. CLEANING SERVICE INC. 05-05-2000 90106 022 ***150.00 Principal Place of Business Mailing Address 3479 NW 26TH ST 3479 NW 26TH ST LAUDERDALE LAKES FL 33311-2656 LAUDERDALE LAKES FL 33311 3. Mailing Address 2. Principal Place of Business 8241 NW 46th DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0826584 LAUNERHILL Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATRICK DUGLAS DOUGLAS, PATRICK A 3479 NW 26TH ST LAUDERDALE LAKES FL 33311 Zip Code 3335 LAMOERHIL 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, typed or printe (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible ----- FILE NOW!!! FEE IS \$150:00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE DIRECTOR / PRESIDENT DOUGLAS PATRICK A DOUGLAS, PATRICK A NAME NAME 3479 NW 26TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ANDERITICL CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Applied For

Not Applicable

Addition

☐ Addition

☐ Addition

☐ Addition