04141999-90138-039-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT QF STATE

Katherine Harris

Secretary of State

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90138 039 ***150.00

	1999		PORTIONS						
DOCUMENT # P9800038730 1. COTPOTEITON NAITHE BUSY BEE CLEANING SERVICE, INC.					e nadinade liki attur latin dalih dalih		5 00 1917) (000)		J
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Principal Plac	a of Business	Malling Address			\$ INDEINATION FOR I FRID CONTINUENTIA	MBIR SARAN II	f e n tohit i dolit	i isto ed u c us i	
-2198 MAIN STI		2190 MAIN STREET		- }					
SARAGOTA FL		SARASOFA FL 34237		1	DO NOT HOUSE	- 151 77110 0	BACE		
				ļ	DO NOT WRITE 3. Date incorporated or Qualified	E IN THIS S	PACE		1
					04/29/1998			-	
	lace of Business	2a. Mailing Address			4. FEI Number 65-083:	8520	Ap	plied For t Applicable	ł
21 3912 Suite, Apt.	SU CEITUS PKWY	26 39/2 54 CE Suite, Apt. #, etc.	=17CIS PARC	اسرر	**-0033-00		\$8.75		1
_	#, 6 16.	27			5. Certificate of Status Desired		Fee Re		1
22 City & State	D:	City & State			6.* Election Campaign Financing		~\$5:00°	May Be	٠
23 CAPE		28 CAPE CORAL	. FL		Trust Fund Contribution		Added t	o Fees	1
Zip	Country	Zip	Country		8. This corporation owes the current				
24 33 99			o LEE		Personal Property Tax. 10, Name and Address of New Re		☐ Yes	□No	1
	9. Name and Address of Current	Registered Agent	81 Name		10, Name and Address of New Re	distalen v	State -		1
MENCOL D CUDICTORIED					VALO L. PAYNE				1
2108 MAIN STREET			82 Street		S (P.O. Box Number is Not Acceptable ACC PR HOD SLV)		16 1	07	l
SAR	ASOTA FL 84237		83		7-X1.00 1000		<u> </u>		1
	. 20	A - d	84 City				es Zin C	~de	{
	no larger Reg.	rigout		APC	F CORAL	FL	33	904]
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with and accept the obligation	and 607.1508, Florida Statules	the above-named	corpora	ation submits this statement for the pu	irpose of ct	nanging its	registered	
onnice or n agent. I a	registered agent, or both, in the state to im familias with, and accept the obligation	n Fioritia, Such change was autons of, Section 607,0505, Floric	a Statutes	OI BUOIT	\$ 102/0 Of Gilectors. I lieitedy accept	ато арронт		J .0.2.22	
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SIGNATURE	Ind I do	Don	ald L Po	200	c 04-07-5	29		}	
SIGNATURE	Signature, i judger printed name of registered agent	and title if applicable. (NOTE: R	PK Col L PC agistered Agent signature r	200	e 04-07-5	DATE			(80)
SIGNATURE	Signature, the printed name of registered agent of FICERS AND	and title if applicable. (NOTE: R	ald L Po	required w	hen reinstitung) ADDITIONS/CHANGES TO OFFI	DATE CERS AND			(11/08)
SIGNATURE	Signature is order printed named to get and agent OFFICERS AND	and title if applicable. [NOTE: R	or Col L Po egistered Agent signature r 13.	Contrad w	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12.	Signature, the printed name of registered agent of FICERS AND	and title if applicable. [NOTE: R	est Col Consistered Agent algorithms in 13.	O NO HAI	ADDITIONS/CHANGES TO OFFICE LIAK THOMAS US HOFER STR 18	DATE CERS AND	DIRECTO Change	RS IN 12	F034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, though printed name to registered agent OFFICERS AND NOWAK, THOMAS	and title if applicable. [NOTE: R	egiclered Agent algusture in 13. 1.1 TITLE 12 NAME	O NO HAI	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO Change	RS IN 12	B2F034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	D NOWAK, THOMAS EICHENSTORN 6	and title if applicable. [NOTE: R	agistered Agent Lignature i 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	O NO HAI	ADDITIONS/CHANGES TO OFFICE LIAK THOMAS US HOFER STR 18	DATE CERS AND	DIRECTO Change	RS IN 12	CR2F034 (11/98)
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.