## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000040419 May 10, 2000 8:00 am Secretary of State SERVICE SOLUTIONS CLEANING SERVICE, INC. 05-10-2000 90124 017 \*\*\*150.00 Mailing Address Principal Place of Business 4500 140TH AVE. 4500 140TH AVE. #216 #216 CLEARWATER FL 33762-3845 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Po Bor 18140 49TH STRYST NORTH 14255 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suine Applied For City & State 4. FEI Number 59-3508373 CL Clarewater Not Applicable Clapuwote Country \$8.75 Additional Country 5. Certificate of Status Desired 73762 Nellas mellAs Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COSNOW, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 3450 EAST LAKE ROAD PALM HARBOR FL 34685 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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. ☐ Delete TITI F TITLE RAFTER, SERVICEN STREET NORTH SHITE NAME RAFTER, JENNIFER STREET ADDRESS STREET ADDRESS 4500 140TH AVE - #216 CISARUU 33762 CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33762 ☐ Addition TITLE ☐ Delete TITLE RAFTER, CLIFF NAME STRAST NYMTH, SUITE 302 STREET ADDRESS STREET ADDRESS 4508 140TH AVE - #216 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 paster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ress, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR