

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040419

1. Entity Name

SERVICE SOLUTIONS CLEANING SERVICE, INC.

Principal Place of Business

14255 49TH ST NORTH  
STE 302  
CLEARWATER FL 33762  
US

Mailing Address

PO BOX 18140  
CLEARWATER FL 33762  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSNOW, JEFFREY E  
3450 EAST LAKE ROAD  
PALM HARBOR FL 34685

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAFTER, JENNIFER  
STREET ADDRESS 14255 49TH ST NORTH STE 302  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME RAFTER, CLIFF  
STREET ADDRESS 14255 49TH ST NORTH STE 302  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

727-507-9482

Daytime Phone #

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90036 001 \*\*\*150.00

843500



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0368461