

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90173 029 ***150.00

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

14450 46th. North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 116

City & State
Clearwater, FL

City & State

Zip

33762

Country

US

Zip

Country

4. FEI Number

59-3508373

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

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

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **RAFTER, JENNIFER**
 STREET ADDRESS **14450 46TH STREET NORTH, Suite 116**
 CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **PD** ☒ Change ☐ Addition
 NAME **RAFTER, CLIFF**
 STREET ADDRESS **14450 46TH STREET NORTH, Suite 116**
 CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ Change ☐ Addition
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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:

Jennifer Rafter **Jennifer Rafter 4/24/02 727-507-9482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)