

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90022 044 \*\*\*150.00

0017505

**DOCUMENT # P98000040982**

1. Entity Name  
**MICHELLE'S CUSTOMIZED CLEANING SERVICE, INC.**

Principal Place of Business  
**256 RUSSELL AVE**  
**JACKSONVILLE FL 32218**

Mailing Address  
**256 RUSSELL AVE**  
**JACKSONVILLE FL 32218**

**158 Rolando Ct**

2. Principal Place of Business

3. Mailing Address  
**158 Rolando Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ponte Vedra Beach Fla**

City & State  
**Ponte Vedra Beach Fla**

4. FEI Number **59-3509738**

Applied For  
 Not Applicable

Zip  
**32082**

Country  
**USA**

Zip  
**32082**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, OPAL M**  
**256 RUSSELL AVE**  
**JACKSONVILLE FL 32256**

Name  
**Watson Opal M**

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

**158 Rolando Ct**

City  
**Ponte Vedra Beach**

**FL**

Zip Code  
**32082**

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  
**D**  
 NAME  
**WATSON, OPAL M**  
 STREET ADDRESS  
**256 RUSSELL AVE**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32256**

☒ Delete

TITLE  
**President**  
 NAME  
**Opal M. Watson**  
 STREET ADDRESS  
**158 Rolando Ct**  
 CITY-ST-ZIP  
**Ponte Vedra Beach, Fla 32082**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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]** **3/7/01** **O. Michelle Watson**

**904280-2708**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)