

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90114 009 ***150.00

DOCUMENT # P98000041495

1. Entity Name
SOPHIA'S CLEANING, INC.

Principal Place of Business

Mailing Address

**251 EAST PLANT STREET
 WINTER GARDEN FL 34787**

**251 EAST PLANT STREET
 WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

15 E. Vining ST
 Suite, Apt. #, etc.

15 E. Vining ST
 Suite, Apt. #, etc.

City & State

City & State

Winter Garden FL
 Zip Country

Winter Garden FL
 Zip Country

4. FEI Number

59-3509544

Applied For

Not Applicable

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

**ORTIZ, SOPHIA
 251 EAST PLANT STREET
 WINTER GARDEN FL 34787**

Name
Ortiz, Sophia
 Street Address (P.O. Box Number is Not Acceptable)
15 E. Vining ST.
 City
Winter Garden **FL** Zip Code
34787

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 reinstalling)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOVT ORTIZ, SOPHIA 251 E. PLANT STREET WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOVT ORTIZ, SOPHIA 15 E. Vining ST. Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 407-656-4323

Date

Daytime Phone #

CR2E034 (9/01)