

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P98000042244

1. Entity Name

IMPACT CLEANING SERVICE INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-13-2000 90056 044 ***150.00

Principal Place of Business

713 W 101ST AVE.
TAMPA FL 33612

Mailing Address

713 W 101ST AVE.
TAMPA FL 33612-7427

2. Principal Place of Business

Tampa FL
Suite, Apt. #, etc.

3. Mailing Address

200 Bullen Gap Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Blue Ridge Ga
Zip Country
USA

City & State

Blue Ridge Ga
Zip Country
U.S.A

4. FEI Number

59-3510536

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, GEORGE H
713 W 101ST AVE.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

LEE GEORGE H

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

713 W. 101ST AVE

City

Blue Ridge TAMPA FL

Zip Code

33612

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. FL

SIGNATURE

X George H. Lee

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, 2000 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 DP ☐ Delete
NAME LEE, GEORGE H
STREET ADDRESS 713 W 101ST AVE.
CITY-ST-ZIP TAMPA FL 33612

TITLE ST ☐ Delete
NAME LEE, PATRICIA
STREET ADDRESS 713 W 101ST AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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:

X George H. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)