2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # P98000055199 **Secretary of State** 1. Entity Name FIVE STAR CLEANING BY LINDA, INC. 03-05-2001 90300 025 ***150.00 Principal Place of Business Mailing Address 4618 TALBOT PL 4618 TALBOT PL SARASOTA FL 34241 SARASOTA FL 34241 724507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0841336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . BARCHARD, LINDA D Street Address (P.O. Box Number is Not Acceptable) 4618 TALBOT PL SARASOTA FL 34241 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE □ Delete TITLE Change BARCHARD, LINDA D NAME NAME STREET ADDRESS STREET ADDRESS 3911 OMEGA LN CITY-ST-ZIP SARASOTA FL 32435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition TITLE -. Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE

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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

2/36/01 (941)302-3992

CR2E034 (10/00)