

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90182 048 ***150.00

DOCUMENT # P98000063942

1. Entity Name

IMMACUCLEAN CLEANING SERVICE, INC.

Principal Place of Business

**7910 ROYAL HALT DR
 NEW PORT RICHEY FL 34653**

Mailing Address

**7910 ROYAL HALT DR
 NEW PORT RICHEY FL 34653**

2. Principal Place of Business

7910 ROYAL HALT DR
 Suite, Apt. #, etc.

3. Mailing Address

7910 ROYAL HALT DR
 Suite, Apt. #, etc.

City & State

same

City & State

same

Zip

same

Country

Zip

same

Country

4. FEI Number

65-0851665

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHAVES, DEBBIE
 6134 6TH AVE
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

Debbie Chaves

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

7910 Royal Halt Dr.

City

New Port Richey

FL

Zip Code

34653

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

Debbie Chaves

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/2002

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 **P** ☐ Delete
 NAME **CHAVES, DEBBIE**
 STREET ADDRESS **7910 ROYAL HALT DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **7910 Royal Halt Dr.**
 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:

Debbie Chaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2002 727.372.3576

Date

Daytime Phone #

CR2E034 (9/01)