

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076726

1. Entity Name

WHITEHALL CLEANING SERVICE, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90236 013 \*\*\*550.00

Principal Place of Business

Mailing Address

5907 SHERIDAN STREET  
 HOLLYWOOD FL 33024

5907 SHERIDAN STREET  
 HOLLYWOOD FL 33024

A0076588

2. Principal Place of Business

3. Mailing Address

5907 SHERIDAN ST.

PO Box. 816016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood, FL.

Hollywood FL.

City & State

City & State

33021

USA

Zip

Country

33081

USA

4. FEI Number

65-0861708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

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

City

FL

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

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

(NOTE: Registered Agent Signature required when reinstating)

8/21/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 PTD  
 PRINGLE, GLENFORD  
 5907 SHERIDAN STREET  
 HOLLYWOOD FL 33024 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SVD  
 PRINGLE, LLEEN  
 5907 SHERIDAN STREET  
 HOLLYWOOD FL 33024 ☐ Delete

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

PRINGLE

8/21/00

9544359120

Date

Daytime Phone #

CR2E034 (5/00)