Apr 24, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P98000082605 DOCUMENT # 1. Entity Name WALTER'S CLEANING SERVICES, INC. Principal Place of Business Mailing Address 6121 N.W. 40TH STREET 6121 N.W. 40TH STREET VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL 33166 2. Principal Place of Business 1858 9LBRIGHT, WR. Suite, Apt. #, etc. 1858 PLBRIGHT. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0865999 CLEARWATER CLEAR WATER Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURANTE, WALTER 6121 NW 40 ST 1858 ALBRIGHT DRIVE VA GARDENS FL 33166 CLEARWATER 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 Taxifiling requirement and elects to do so. After May 1, 2002 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 TITLE TITLE Change ☐ Addition ☐ Delete DURANTE, WALTER NAME MAME 6121 N.W. 40TH STREET STREET ADDRESS STREET ADDRESS VIRGINIA GARDENS FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE **DURANTE, TERESA** NAME NAME 6121 N.W. 40TH STREET STREET ADDRESS STREET ADDRESS VIRGINIA GARDENS FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition

13. I hereby certify that the information supplied with this filling 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 export 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 1-727-365-202