

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096443

1. Entity Name  
R & B CLEANING SERVICE, INC.

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90049 039 \*\*\*150.00

Principal Place of Business

3700 9TH AV N F-34  
ST PETERSBURG FL 33713

Mailing Address

3700 9TH AV N F-34  
ST PETERSBURG FL 33713

2. Principal Place of Business

1001 60TH ST. S

3. Mailing Address

1001 60TH ST. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FL

City & State

GULFPORT, FL

Zip  
33707

Country  
USA

Zip  
33707

Country  
USA

4. FEI Number 59-3553364

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, NORMA  
3700 9TH AVE N #34  
SAINT-PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name MIK SCH & Co., CPA  
Street Address (P.O. Box Number is Not Acceptable)  
4615 GULF BLVD.

City ST. PETE BEACH, FL Zip Code 33706

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 MIK SCH & Co., CPA

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

(NOTE: Registered Agent signature required when reinstating)

MAY 2000

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, 2001 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 0  
NAME RHODES, MICHAEL W  
STREET ADDRESS 3700 9TH AVE N F-34  
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE DO  
NAME RHODES, MILADA  
STREET ADDRESS 3700 9TH AV N F34  
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: MICHAEL W. RHODES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 727/344-6117

Date

Daytime Phone #

CR2E034 (10/00)