

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008024

1. Entity Name

OBSESSIVE CLEANING SERVICE, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90171 037 \*\*\*158.75

Principal Place of Business

Mailing Address

2138 POINCIANA TERRACE  
CLEARWATER FL 33760

2138 POINCIANA TERRACE  
CLEARWATER FL 33760-1919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554235

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACCOUNTING AND TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE FL 33777

Name

TIMOTHY M. ARMSTRONG

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

2138 POINCIANA TERRACE

City

CLEARWATER

FL

Zip Code

33760

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

*Timothy M. Armstrong*

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

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C/P/D  
KIM BARBEE-ARMSTRONG  
2138 POINCIANA TERRACE  
CLEARWATER, FL 33760

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/D  
TIMOTHY M. ARMSTRONG  
2138 POINCIANA TERRACE  
CLEARWATER, FL 33760

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
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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:

*Timothy M. Armstrong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY M. ARMSTRONG

Date

4/12/00

Daytime Phone #

(727) 539-8476

CR2E034 (9/99)