FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Mayott Sanding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Feb 13, 2001 8:00 am DOCUMENT # P9900010897 Secretary of State 1. Entity Name TORNADO CLEANING SERVICES, INC. 02-13-2001 90064 038 ***150.00 Principal Place of Business Mailing Address 1316 VERONA ST. 1316 VERONA ST. KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 6461 CHERRY GROVE Cin 6461 CHERRY BROVE Cin DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3558826 Fluzida ORGANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, MARGOT Street Address (P.O. Box Number is Not Acceptable) 1316 VERONA ST. KISSIMMEE FL 34741 6461 CHERRY GROVE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SANCHEZ, MARGOT 6461 CHERY GROVE CIR ORLANDU FI. 32809 STREET ADDRESS STREET ADDRESS 1316 VERONA ST. CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.