

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012411

1. Entity Name

TWO BUSY CLEANING, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 009 ***150.00

Principal Place of Business

Mailing Address

2435 HOLLYWOOD BLVD., SUITE 204
HOLLYWOOD FL 33020

2435 HOLLYWOOD BLVD., SUITE 204
HOLLYWOOD FL 33020-6629

00016342

2. Principal Place of Business

3. Mailing Address

2514 Hollywood Blvd.

2514 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 508

Suite # 508

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33020

USA

33020

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-089 2329

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

JEWETT, CHARLES E

2435 HOLLYWOOD BLVD., SUITE 204
HOLLYWOOD FL 33020

Name

Jewett, Charles

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

2514 Hollywood Blvd.

Suite 508

City

Hollywood

FL

Zip Code

33020

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)

DATE

2/1/00

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	D	<input type="checkbox"/> Delete
NAME	JEWETT, CHARLES E	
STREET ADDRESS	2435 HOLLYWOOD BLVD., SUITE 204	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Jewett, Charles	
STREET ADDRESS	2514 Hollywood Blvd #508	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

954 982 5885

Daytime Phone #