

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019250

Entity Name

JMS WHITE GLOVE CLEANING CO., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 25 PM 1:12

Principal Place of Business

Mailing Address

8211 Southgate Blvd North Lauderdale  
Fl. 33068.

Principal Place of Business

3. Mailing Address

8211 Southgate Blvd.  
Suite, Apt. #, etc.

8211 Southgate Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lauderdale Fl.

City & State

NORTH Lauderdale, FL

4. FEI Number

650904913

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JOAN GRANSTON  
8211 Southgate Blvd  
NORTH Lauderdale Fl. 33068

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)

DATE

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.

X

\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete  
D JOAN GRANSTON  
8211 Southgate Blvd.  
N. Lauderdale Fl. 33068  
ST-ZIP

☐ Delete  
Trellisa Robinson  
7050 Southgate Blvd #104  
Tamarac, FL 33321  
ST-ZIP

☐ Delete  
S Joan Norrby  
8211 Southgate Blvd  
N. Lauderdale Fl 33068.  
ST-ZIP

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TITLE  
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☐ Change

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\*\*\*158.00 \*\*\*158.00

8/6/00

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:

JOAN GRANSTON

Date

Daytime Phone #

954-460-8757