

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90034 016 ***150.00

DOCUMENT # P99000024789

i. Entity Name

BARB'S CLEANING SERVICE, INC.

C0070314



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1986 GROVELAND RD. 1986 GROVELAND RD.
 HARBOR FL 34684 PALM HARBOR FL 34683-3330

2. Principal Place of Business 3. Mailing Address
 3646 Chatham Dr. 3646 Chatham Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Palm Harbor FL Palm Harbor FL
 Zip Zip Country Country
 34684 34684 Pinellas Pinellas

4. FEI Number Applied For
 59-3562331 Not Applicable

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

6. Name and Address of Current Registered Agent
 UPDEGRAFF, DEAN
 1986 GROVELAND RD.
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
 Name: Dean Updegraff
 Street Address (P.O. Box Numbers Not Acceptable): 3646 Chatham Dr
 City: Palm Harbor FL Zip Code: 34684

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: *Dean Updegraff* DATE: 4-11-00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Pres	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Updegraff		NAME		
STREET ADDRESS	3646 Chatham Dr.		STREET ADDRESS		
CITY-ST-ZIP	Palm Harbor FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: *Dean Updegraff* DATE: 4-11-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)