

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90407 021 \*\*\*150.00

**DOCUMENT # P99000035533**

1. Entity Name  
**BAYSIDE CLEANING SERVICES, INC.**



Principal Place of Business  
**4800 N. FEDERAL HWY. STE. 200B  
BOCA RATON, FL 33431**

Mailing Address  
**1600 PARKWOOD CIRCLE  
SUITE 400/ATTN:CORPORATE TAX  
ATLANTA, GA 30339**

**94079822**



2. Principal Place of Business  
**1600 Parkwood Circle**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.

City & State  
**Atlanta GA**

City & State

Zip Country  
**30339 USA**

Zip

Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

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

**MIAMI CENTER REGISTERED AGENTS, INC.  
201 S. BISCAYNE BLVD. 17TH FLOOR  
MIAMI, FL 33131**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LEVINE, STEVEN J  
7700 CONGRESS AVENUE, SUITE 3214  
BOCA RATON, FL 33487** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
RICHARD E. HALPERIN  
1600 PARKWOOD CIRCLE STE 400  
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
OLBERT, ANN M  
7700 CONGRESS AVENUE, SUITE 3214  
BOCA RATON, FL 33487** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS/AT  
SCOTT E. FRIEDLANDER  
1600 PARKWOOD CIRCLE STE 400  
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GEBHARD, ROGER  
7700 CONGRESS AVENUE, SUITE 3214  
BOCA RATON, FL 33487** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS/AT  
PATRICIA G. BLUESTEIN  
1600 PARKWOOD CIRCLE STE 400  
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GAZE, PETER M.R.  
7700 CONGRESS AVENUE, SUITE 3214  
BOCA RATON, FL 33487** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
JACK L. McNEESE  
1600 PARKWOOD CIRCLE STE 400  
ATLANTA GA 30339** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
SCHOENFIELD, ELI  
7700 CONGRESS AVENUE, SUITE 3214  
BOCA RATON, FL 33487** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Jack L. McNeese*

*Jack L. McNeese*

*4/29/2004*

*770 309 0515*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #