

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92209 006 ***150.00

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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
**4800 N. FEDERAL HWY. STE. 200B
C/O CARLISLE MANAGEMENT SERVICES INC.
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle
Suite, Apt. #, etc. **Attention:**
Suite 400 Corporate Tower
City & State **Atlanta, Georgia**

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

30339

U.S.

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

N/A

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **DP** ☐ Delete
NAME **LEVINE, STEVEN J**
STREET ADDRESS **4800 N. FEDERAL HWY. STE. 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **VT** ☐ Delete
NAME **OLBERT, ANN M**
STREET ADDRESS **4800 N. FEDERAL HWY. STE. 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **S** ☐ Delete
NAME **GEBHARD, ROGER**
STREET ADDRESS **4800 N. FEDERAL HWY. STE. 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **D** ☐ Delete
NAME **GAZE, PETER M.R.**
STREET ADDRESS **4800 NORTH FEDERAL HIGHWAY STE. 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **AS** ☐ Delete
NAME **SCHOENFIELD, ELI**
STREET ADDRESS **4800 NORTH FEDERAL HIGHWAY STE. 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER GEBHARD 4/28/03 (770)436-9900

Date

Daytime Phone #

CR2E034 (10/02)