## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900038418 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name FINISHLINE CLEANING SERVICES, INC. 04-21-2000 90095 039 \*\*\*150.00 Mailing Address Principal Place of Business 1210 S.W. DATON ROAD 1210 S.W. DATON ROAD PALM BAY FL 32908 PALM BAY FL 32908-7517 2. Principal Place of Business 3. Mailing Address 34 FEAST ROAD 34 FEAST ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State W. MELBOURNE, 59-3573583 FL. W. MELBOURNE, FL Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32904 32904 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EITEL, SANDRA A. EITEL. SANDRA A Street Address (P.O. Box Number is Not Acceptable) 1210 S.W. DATON ROAD PALM BAY FL 32908 34 FEAST ROAD W. MELBOURNE omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity s SANDRA A. EITEL (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) XX Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST TA Change ☐ Addition ☐ Defete TITLE TITLE EITEL, SANDRA A. EITEL SANDRA A NAME NAME 34 FEAST ROAD 1210 S.W. DATON ROAD STREET ADDRESS STREET ADDRESS W. MELBOURNE, FL 32904 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 ☐ Change ☐ Addition XXI Delete TITI F TITLE EITEL, DONALD R NAME 1210 S.W. DATON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SANDRA A. EITEL ZO JPRESI DENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR