

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-30-2000 90011 017 \*\*\*150.00

DOCUMENT # P99000039532

1. Entity Name

MAIDS 4 U. INC.

Principal Place of Business

6767 77 TERRACE NORTH  
PINELLAS PARK FL 33781

Mailing Address

6767 77 TERRACE NORTH  
PINELLAS PARK FL 33781-3007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3573363

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP INC  
8668 PARK BLVD STE A  
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name

TERRY N. TOUSEY

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

6767 77th TERRACE

City

PINELLAS PARK

FL

Zip Code

33781

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 *X Barbara Murphy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE *TERRY N. TOUSEY Pres* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*6767 77th Terrace Trs.  
Pinellas Park, FL 33781*

TITLE *Vice Pres. Secretary* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Barbara Murphy  
6767 77th Terrace  
Pinellas Park, FL 33781*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *X SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Murphy* 5-12-2000  
Date Daytime Phone #

727-541-5414

CR2E034 (9/99)