## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900062350 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name BARBARA'S CLEANING SERVICE, INC. 04-21-2000 90003 035 \*\*\*150.00 Mailing Address Principal Place of Business 2650 N.E. 52ND ST. 2650 N.E. 52ND ST. LIGHTHOUSE POINT FL 33064-7052 LIGHTHOUSE POINT FL 33064-7052 3. Mailing Address 2. Principal Place of Business 2064 2064 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Beach FL 65-0932858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 3064 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (R-9. Box Number is Not Acceptable WILLIAMS, STEPHEN G 2650 N.E. 52ND ST. LIGHTHOUSE POINT FL 33064-7052 Zip Code 33064 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 K. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD Delete TITLE Change TITLE BERRY, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 2064 N.E. 54TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition ☐ Change TITLE ☐ Delete TITLE BERRY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2064 N.E. 54TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. Thereby 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 is changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP