2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P99000075088 ERIKA HAZELL'S RESIDENTIAL CLEANING SERVICE INC. 05-05-2000 90063 011 ***150.00 Principal Place of Business Mailing Address 8143 BRIGHT MEADOW POST OFFICE BOX 680122 ORLANDO FL 32868-0122 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address 2328 GrAND POPLAR 2328 Grand PollAR STRECT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable <u>Ocoee</u> Ococe Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3476 Orange. Orange. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAZELL, ERIKA Street Address (P.O. Box Number is Not Acceptable) 791 BAY BREEZE LANE Po PIAR **ALTAMONTE SPRINGS FL 32714** Zip Code **3476** Ocoel 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. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete Change TITI F TITLE HAZELL, ERIKA NAME MARAE 2328 GRAND POPLAR STREET 791 BAY BREEZE LANE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 34761 CITY-ST-7IP Ocoec Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME 407-797-13688 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #