

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90257 020 ***150.00

05/07/02 AV

DOCUMENT # P99000075088
 1. Entity Name
ERIKA HAZELL'S RESIDENTIAL CLEANING SERVICE INC.

Principal Place of Business
**2328 GRAND POPLAR ST.
 OCOEE FL 34761**

Mailing Address
**2328 GRAND POPLAR ST.
 OCOEE FL 34761**



2. Principal Place of Business
2328 Grand Poplar St. P.O. Box 680122
 Suite-Apt. #, etc.

3. Mailing Address
2328 Grand Poplar St. P.O. Box 680122
 Suite-Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCOE FLA.

City & State
OKC. FLA.

Zip
34761

Country
Orange

Zip
32868

Country
Orange

4. FEI Number
65-0981672

Applied For
☐ Not Applicable

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

**HAZELL, ERIKA
 2328 GRAND POPLAR ST.
 OCOEE FL 34761**

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.

SIGNATURE _____
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELL, ERIKA 2328 GRAND POPLAR ST. OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Erika Hazell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02

Date Daytime Phone #

CR2E034 (9/01)