## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000075238 FILED 1. Entity Name SECRETARY OF STATE HVISTON OF CORPORATION PM COMMERCIAL CLEANING CORP. 00 JUL 24 AM 9: 05 Principal Place of Business Mailing Address 7223 MAUNA LOA BLVD. 7223 MAUNA LOA BLVD. SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address AME Suite, Apt. #, etc. Suite, Apt. #, etc. 90347 623 05-01-00 City & State Applied For City & State Not Applicable \$8.75 Additional Zip Country 11 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBER-WARTIN MARTIN, PAT Street Address (P.O. Box Number is Not Acceptable) 7223 MAUNA LOA BLVD. SARASOTA FL 34241 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. MCE PRESIDENT Change Addition TO 30 ( 23 ST TITLE TITLE ☐ Delete PAT MARTIN 7223 MANNA LOA BLUD ROBER MARTIN 7223 MAUNA LO NAME NAME MALINA LOA BLUL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: