

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 025 ***550.00

978726



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000083702 1. Entity Name 4 STAR CONSTRUCTION CLEANING INC.			
Principal Place of Business 2730 CANDLEWOOD CT. APOPKA FL 32703		Mailing Address 2730 CANDLEWOOD CT. APOPKA FL 32703	
2. Principal Place of Business 3161 FORAL WAY EAST Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 161404 Suite, Apt. #, etc.	
City & State APOPKA FLA.		City & State ALTAMUNTE SPRING FLA.	
Zip 32703		Zip 32714	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3598042			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STRICKLAND, JOSEPH 2730 CANDLEWOOD CT. APOPKA FL 32703		7. Name and Address of New Registered Agent Name JOSEPH STRICKLAND Street Address (P.O. Box Number is Not Acceptable) 3161 FORAL WAY EAST City APOPKA FL Zip Code 32703	
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 9/2/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP STRICKLAND, JOSEPH 2730 CANDLEWOOD CT APOPKA FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO WEBB, WANDA 715 LAKE SHORE DR EUSTIS FL 32726	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS STRICKLAND, RHONDA D 2730 CANDLEWOOD CT APOPKA FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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:		9/2/01 407-389-2097 <small>Date Daytime Phone #</small>	

CR2E034 (10/00)