

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90647 025 \*\*\*150.00

**DOCUMENT # P99000083702**

1. Entity Name

**4 STAR CONSTRUCTION CLEANING INC.**

Principal Place of Business

Mailing Address

**3161 FORAL WAY EAST  
 APOPKA FL 32703  
 US**

**P O BOX 161404  
 ALTAMONTE SPRINGS FL 32716  
 US**



2. Principal Place of Business

**349 New Waterford Pl.**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Longwood FL**

City & State

4. FEI Number

**59-3598042**

Applied For

Not Applicable

Zip

**32779**

Country

**Seminole**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STRICKLAND, JOSEPH  
 3161 FORAL WAY EAST  
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **Joseph STRICKLAND**

Street Address (P.O. Box Number is Not Acceptable)

**349 New Waterford Pl.**

City **Longwood**

**FL**

Zip Code

**32779**

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 **Joseph STRICKLAND**

Signature, typed or printed name of registered agent and title if applicable.

**Joseph**

(NOTE: Registered Agent signature required when reinstating)

**4/22/02**

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

TITLE	OP	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOSEPH	
STREET ADDRESS	2730 CANDLEWOOD CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	WEBB, WANDA	
STREET ADDRESS	715 LAKE SHORE DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	OS	<input type="checkbox"/> Delete
NAME	STRICKLAND, RHONDA D	
STREET ADDRESS	2730 CANDLEWOOD CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	349 New Waterford Pl.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	349 New Waterford Pl.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

**417-389-2097**

Date

Daytime Phone #

CR2E034 (9/01)