

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104703

1. Entity Name

HOME & OFFICE CLEANING SERVICES OF TAMPA BAY, IN

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90060 003 \*\*\*150.00

Principal Place of Business <b>18103 HERON WALK DRIVE TAMPA FL 33647</b>	Mailing Address <b>18103 HERON WALK DRIVE TAMPA FL 33647</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>14819 N. FLORIDA AVE</b>	3. Mailing Address <b>14819 N. FLORIDA AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>	4. FEI Number <b>59 361 73 68</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33647</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33647</b>	Country <b>HILLSBOROUGH</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>COTON, LUIS D ESQ 1949 W MARTIN LUTHER KING BLVD TAMPA FL 33607</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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: BEPAL 2/23/00 (813)265-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)