

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90750 034 \*\*\*150.00

**DOCUMENT # P99000105577**

**1. Entity Name**  
**COMMERCIAL MAID MGMT., INC.**



**Principal Place of Business**  
**14004 ROOSEVELT BLVD., STE 611**  
**CLEARWATER FL 33732 33762**  
**US**

**Mailing Address**  
**P.O. BOX 17806**  
**CLEARWATER FL 33762**  
**US**

**2. Principal Place of Business**  
**14004 ROOSEVELT BLVD**

**3. Mailing Address**

Suite, Apt. #, etc.  
**611**

Suite, Apt. #, etc.

**City & State**  
**CLEARWATER, FL**

**City & State**

**Zip**  
**33762**

**Country**  
**US**

**Zip**

**Country**

**4. FEI Number** **59-3624958**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WALDON, PATRICIA L**  
**322 CASCADE LANE**  
**PALM HARBOR FL 34684**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Patricia L. Waldon* **PATRICIA L WALDON PRESIDENT**

**DATE** **4/3/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PCD** ☐ **Delete**  
**NAME** **WALDON, PATRICIA L**  
**STREET ADDRESS** **322 CASCADE LN**  
**CITY-ST-ZIP** **PALM HARBOR FL 34684**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **STD** ☐ **Delete**  
**NAME** **WALDON, TOBY D**  
**STREET ADDRESS** **322 CASCADE LN**  
**CITY-ST-ZIP** **PALM HARBOR FL 34684**

**TITLE** ☐ **Change** ☐ **Addition**  
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Patricia L. Waldon* **PATRICIA L. WALDON** **4/3/03**

**727-507-0615**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)