2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S03454

1. Entity Name

SMUDGES A CLEANING CO., INC.



Apr 04, 2003 8:00 am Secretary of State
04-04-2003 90090 038 ***150.00

| omorac | O A OLLANING CO., INC. | | • | | | | | | | | | |
|--|--|--|-------------------------|---------------|-----------------------|--|------------------------------|----------------------------------|-------------------------|------------------|-----------------------------|----|
| Principal Place of Business 1755 DAVIDSON STREET JACKSONVILLE FL 32207 | | Mailing Address 1755 DAVIDSON STREET JACKSONVILLE FL 32207 | | | | | | · | | | | |
| | | | | | | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | 1 1001/01 | | i diitti filli qibit di | AFI DIBIT BIBIT | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & Stat | ө | City & State | | | 4 | | . FEI Number | 59-30232 | 10 | | pplied For ot Applicable | - |
| Zìp | Country | | Zip Cour | | ntry 5. | | . Certificate c | of Status Desired | | \$8.75 Ad | | 7 |
| - | 6. Name and Address of Curren | Register | ed Agent | | | 7. | . Name and A | Address of Nev | | | | 1 |
| | | | | | Name | | | | · | | |] |
| | NICHOLAS T. | | - | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | IMETER PARK BLVD | • | | } | | | | | | | | - |
| JACKSUN | IVILLE FL 32216-6347 | | | | | | | | | | | |
| | ్రో .త | | - | Į | City | | | | FL | Zip Cod | le | |
| 8. The above the obligat | named entity submits this statement fions of registered agent. | or the purp | oose of changing its re | gistere | ed office or regi | stered a | agent, or both | , in the State of | Florida. I am f | amiliar with, | and accept | 1 |
| SIGNATURE . | 2 | | | | | | | | | | | |
| | Signature, typed or printed name of registered agen | t and title if app | plicable. (NOTE: R | egistered | d Agent signature req | uired when | n reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | | | I | tion Campaign t Fund Contribu | | | 00 May Be | |
| | Payable to Florida Department of | | | _ | | | | | | | | |
| TITLE | OFFICERS AND | DIRECTO | DRS Delete | 11. | . <u>I</u> | | ADDITIONS/C | CHANGES TO C | FFICERS AND | DIRECTOR Change | S IN 11 Addition | 1 |
| NAME | MOORE, MARLIN E. | | □ Delete | NAME | | | • | | | Change | | 18 |
| STREET ADDRESS | 1755 DAVIDSON ST. | | | | et address | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | | ST-ZIP | | | | | | | 4 |
| TITLE NAME | TD Moore, Jane E. | | ☐ Delete ~ · | TITLE NAME | ı | | | | | ☐ Change | ☐ Addition | 18 |
| STREET ADDRESS | 1755 DAVIDSON ST. | | ∞ 4. | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | CITY- | -ST-ZIP | | | | | | | |
| TITLE | , | - | Delete | TITLE | | | يح ونسي | | | _ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | i | NAME STREE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | | ☐ Change | Addition | 1 |
| NAME | | | • | NAME | 1 | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | ~; | | et address St-Zip | | | | | | | |
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| NAME | | | | NAME | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS ST-ZIP | | | | | | | |
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| NAME | | | | NAME | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | T ADDRESS ST-ZIP | | | | | | | |
| 5, 41 | ' | | | 5111- | | | | | | | | 1 |

I hereby certify that the information supplied with this filling 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

SIGNATURE: