2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # S09454 1. Entity Name PALM CITY WINDOW CLEANING, INC. 09-12-2000 90005 046 ***550.00 Principal Place of Business Mailing Address PO BOX 176 PO BOX 176 ESTERO FL 33928 ESTERO FL 33928 AUU/bl33 US 2. Principal Place of Business 3. Mailing Address . O. Bex O. Box 176 176 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Stere 12 City & State City & State Applied For 4. FEI Number 65-0224865 ES+110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3*3*9 28 Fee Required 6. Name and Address of Current Registered Agent 7.= Name and Address of New Registered Agent-DAVIS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 18820 MATANZAS RD FT MYERS FL 33912 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVS OVS TITLE Delete TITLE X Addition Davis Bring 18820 Materizes Rd DAVIS, MICHAEL NAME STREET ADDRESS 18820 MATANZAS RD STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP Ft. Myers FL 33912 TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 18820 MATANZAS RD CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME

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

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-267-6253