FILED
May 29, 2002 8:00 am
Secretary of State
04-29-2002 90149 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36801

1. Entity Name
THE CLEANING LADIES, INC.

DO NOT WRITE IN THIS SPACE

87084

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2. Principal Place of Business	3. Mailing Address
125 LAGOON FOREST DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State PONTE VEDRA BEACH, FL.	City & State
Zip 32082 Country USA	Zip Country

4. FEI Number 59-3054116 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

JAMES V. WALKER

Street Address (P.O. Box Number is Not Acceptable)
217 PONTE VEDRA PARK DR.

City PONTE VEDRA BEACH FL. Zip Code 32082

P.O 604 676

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PEGGY SHRIFTMAN
STREET ADDRESS	125 LAGOON FOREST DR.
CITY-ST-ZIP	PONTE VEDRA BEACH, FLA 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy Shriftman PEGGY SHRIFTMAN 4/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #