

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90021 046 \*\*\*150.00

**DOCUMENT # S89030**

1. Entity Name

**G.G.'S CLEANING SERVICE INC.**

Principal Place of Business

**% GINA G. HARBISON & LAURIE J. MAURER**  
**8763 NW 35TH ST**  
**CORAL SPRINGS FL 33065**  
**US**

Mailing Address

**2139 UNIVERSITY DRIVE**  
**SUITE 216**  
**CORAL SPRINGS FL 33071**  
**US**

**B0022550**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**8763 NW 35 ST,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CORAL SPRINGS FL**

Zip

Country

Zip

Country

**33065**

**USA**

4. FEI Number **65-0286363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GINA G. HARBISON & LAURIE J. MAURER**  
**2139 UNIVERSITY DR STE 216**  
**CORAL SPRINGS FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8763 NW 35 STREET**

City

**CORAL SPRINGS**

FL

Zip Code

**33065**

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

**LAURIE J. MAURER**

**3/25/01**

Signature typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
**DPS**  
**HARBISON, GINA G.**  
**2139 UNIVERSITY DR., #216**  
**CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
**8763 NW 35 STREET**  
**CORAL SPRINGS FL 33065**

TITLE ☐ Delete  
**DVT**  
**MAURER, LAURIE J.**  
**2139 UNIVERSITY DR., #216**  
**CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
**8763 NW 35 STREET**  
**CORAL SPRINGS FL 33065**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURIE J. MAURER**

Date

**3/25/01**

Daytime Phone #

**954-345-2365**

CP2E034 (10/00)