

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V21895**

1. Entity Name  
**THOROUGH CLEANING SERVICE INC.**

Principal Place of Business  
**685 WILLIAMS ROAD  
NEW SMYRNA BEACH FL 32168**

Mailing Address  
**685 WILLIAMS ROAD  
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business  
**685 WILLIAMS ROAD  
NEW SMYRNA BEACH FL 32168**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH, FL.**

City & State

4. FEI Number **59-3114785**

Applied For  
Not Applicable

Zip  
**32168**

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**BRAUN, SANDRA L.  
685 WILLIAMS RD.  
NEW SMYRNA BEACH FL 32168**

## 7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PVST**  
STREET ADDRESS **BRAUN, SANDRA**  
CITY-ST-ZIP **685 WILLIAMS RD  
NEW SMYRNA BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: **Sandra Braun** **SANDRA BRAUN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-02** **(386) 428-2660**  
Date Daytime Phone #

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90030 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)