

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90264 022 ***150.00

DOCUMENT # P97000094219

1. Entity Name
DOC'S CLEANING, FLOORING AND BATH RESTORATION, I



DO NOT WRITE IN THIS SPACE

Principal Place of Business 909 OAKWOOD COVE ALTAMONTE SPRINGS FL 32714 US	Mailing Address 909 OAKWOOD COVE ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3481925** Applied For
 Not Applicable

Zip Country Zip Country 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

**CAWLEY, WENDY A
 909 OAKWOOD COVE
 ALTAMONTE SPRINGS FL 32714**

Name **MARTIN W. CAWLEY**
 Street Address (P.O. Box Number is Not Acceptable)
909 OAKWOOD COVE
 City **ALTAMONTE SPRINGS** FL Zip Code **32714**

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 *Martin W. Cawley* **MARTIN W. CAWLEY President** **4-29-01**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CAWLEY, WENDY A 909 OAKWOOD COVE ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN W. CAWLEY 909 OAKWOOD COVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Martin W. Cawley* **MARTIN W. CAWLEY President** **4-29-01** **407-426-5303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)