

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91587 042 ***150.00

DOCUMENT # **P99000035946**
 i. Entity Name
Professional Cleaners of SWFL, Inc.

Principal Place of Business Mailing Address
4600 Summerlin Rd #A-1 FT Myers, FL. 33919 | **4600 Summerlin Rd #A-1 FT. Myers, FL. 33919**

A0070359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0919706		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Mark Daniel Craighton 1206 S.W. 54th Street Cape Coral, Florida 33914				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 *M. Daniel Craighton*
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) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$350.00
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	President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mark Daniel Craighton			NAME			
STREET ADDRESS	1206 S.W. 54th Street			STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			CITY-ST-ZIP			
TITLE	Vice President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Heather Lynn Paulson			NAME			
STREET ADDRESS	1206 S.W. 54th Street			STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mark Daniel Craighton			NAME			
STREET ADDRESS	1206 S.W. 54th Street			STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Heather Lynn Paulson			NAME			
STREET ADDRESS	1206 S.W. 54th Street			STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *M. Daniel Craighton*