

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 13, 2001 8:00 am
Secretary of State

01-31-2001 90276 034 ***150.00

DOCUMENT # P00000038970

1. Entity Name
ANN MARIE UNDEEN CLEANING SERVICE, INC.



Principal Place of Business Mailing Address
 12170 CACTUS DRIVE SW 12170 CACTUS DRIVE SW
 FORT MYERS FL 33908 FORT MYERS FL 33908

2. Principal Place of Business 3. Mailing Address
1430 SE 8th Ave **1430 SE 8th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral FL **Cape Coral FL**
 Zip Country Zip Country
33990 **33990** -



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0997394 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

SOUTHWEST PROFESSIONAL SERVICES OF FT MYER
13571 MCGREGOR BOULEVARD
SUITE #22
FORT MYERS FL 33919

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 *Ann Marie Undeen* DATE **1/25/01**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 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		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 Ann Marie Undeen	NAME
STREET ADDRESS 1430 SE 8th Ave	STREET ADDRESS	CITY-ST-ZIP Cape Coral, FL 33990	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
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 *Ann Marie Undeen* DATE **1/25/01** DAYTIME PHONE # **941-573-3929**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)