

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005348

1. Entity Name
B&M OFFICE CLEANING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90173 005 ***150.00

Principal Place of Business
% BONNIE J. WYNN
27831 RIVERWALK WAY
BONITA SPRINGS FL 34134

Mailing Address
% BONNIE J. WYNN
27831 RIVERWALK WAY
BONITA SPRINGS FL 34134

2. Principal Place of Business
26890 WEDGEWOOD DRIVE

3. Mailing Address
26890 WEDGEWOOD DRIVE

Suite, Apt. #, etc.
501

Suite, Apt. #, etc.
501

City & State
BONITA SPRINGS

City & State
BONITA SPRING

Zip
FL

Country
34134

Zip
FL

Country
34134



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1504868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JODER, MARJORIE J EA
802 ANCHOR RODE DR
NAPLES FL 34103

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, BONNIE J 27831 RIVERWALK WAY BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYNN, MARK W 25172 GOLF LAKE CIRCLE BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WYNN, BRAD A 22017 SEASHORE CIRCLE ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, BONNIE J 26890 WEDGEWOOD DR. # 501 BONITA SPRINGS FL. 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYNN, MARK W 22013 SEASHORE CIRCLE ESTERO, FL. 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BONNIE J. WYNN PRESIDENT 1/23/01 (941) 495-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)