

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90014 028 ***150.00

DOCUMENT # G50255

1. Entity Name

CAPE CORAL CLEANING, INC.

Principal Place of Business

C/O DENNIS GURGES
4813 SUNFISH COURT
FORT MYERS FL 33919-3326

Mailing Address

C/O DENNIS GURGES
4813 SUNFISH COURT
FORT MYERS FL 33919-3326

2. Principal Place of Business

6195 Briarwood Terr

3. Mailing Address

6195 Briarwood Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers FL

Zip

33912

Country

U.S.A.

Zip

33912

Country

U.S.A.

6. Name and Address of Current Registered Agent

GURGES, DENNIS

4813 SUNFISH COURT 619
FORT MYERS FL 33907

4. FEI Number

59-2303378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	GURGES, DENNIS	
STREET ADDRESS	4813 SUNFISH COURT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GURGES, KENNETH	
STREET ADDRESS	13026 5 ST SE	
CITY-ST-ZIP	FORT MYER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DENNIS GURGES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6195 BRIARWOOD TERR.	
STREET ADDRESS	FT. MYERS, FL. 33912	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DENNIS GURGES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 941482-4578

CR2E034 (9/99)