

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G51882**

1. Entity Name

CAPE ROYAL CLEANING SERVICES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90045 044 ***150.00

906757

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6499 ROYAL WOODS DR FORT MYERS FL 33908		Mailing Address 6499 ROYAL WOODS DR FORT MYERS FL 33908-6195	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2328927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRENAFEGE, DENNIS 6499 ROYAL WOODS DRIVE SW FT. MYERS FL 33908		7. Name and Address of New Registered Agent Name <u>Dennis Grenafeg</u> Street Address (P.O. Box Number is Not Acceptable) <u>1413 Hancock Blvd. PKwy</u> City <u>Cape Coral</u> FL Zip Code <u>33990</u>	
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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 Dennis Grenafeg (NOTE: Registered Agent signature required when reinstating) DATE 1/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRENAFEGE, DENNIS 6499 ROYAL WOODS DR FORT MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Grenafeg, Dennis</u> <input type="checkbox"/> Delete <u>1413 Hancock Blvd. PKwy</u> <u>Cape Coral, FL</u> <u>33990</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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: Dennis Grenafeg DATE 1/20/00 DAYTIME PHONE # 573-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR