Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90104 043 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Mailing Address

% CARL D. NEUBERT

7016 LEIGHTON WAY

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **J99073**

1. Corporation Name

7016 LEIGHTON WAY

Principal Place of Business % CARL D. NEUBERT

CARL'S HOUSECLEANING, INC.

UHLANDU FL 32822		UNLAMOU FL 32022									
						3. Date Incorporate 10/27/1987	ed or Qualifed				
2 Deinging D	does of Business	2a. Mailing Address				4. FEI Number			Apr	lied For	
2. Principa Place of Business		26				59-2768759			Not Applicable		
Suite, Act. #, etc.			Suite, Apt. #, etc.			<u> </u>			\$8.75 Additional		
22		27		5. Certifc ite of Sta	atus Desired		ee Red		1		
City & State		City & State				6. Election Campa	ign Financing	\$5	5.00	lay Be	
23		28	28			Trust Fund Con			ded to	•	
Zip	Cour try	Zip	Country			8. This corporation	owes the current year	ntangible			
24	25	29	30	30		Persor al Prope	rty Tax.	☐ Ye	s	∐No	
	9. Name and Address of Current	t Registered Agent				10. Name and Add	fress of New Registere	d Agent			
				81	Name						Ì
NEUBERT, CARL D.			82 Street Ac		Street A	dress (P.O. Box Number	is Not Acceptable)				ļ
7016 LEIGHTON WAY					0						1
ORL	ANDO FL 32822			83							
				84	City			. 85	Zip C	nde	ł
				]	•		F		,		]
office or r	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State $\alpha$ m familiar with, and accept the obligat	of Florida. Such change was :	authorized	l by ti	named corpor	erporation submits this sta ation's board of cirectors.	itement for the purpose. I hereby accept the app	of changi ointment	ing its i as reg	r∋gistered ⊦stered	
SIGNATURE	Signature, typed or printed name of registered agen	f and title if applicable. (NOT	Registered	Agent	signature rec	u-red when reinstating)	DATE	-			=
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHA	ANGES TO OFFICERS	ND DIR	ECTO	S IN 12	CR2E034 (11/98)
TITLE	DPT	☐ DELETE	1.1 TITLE		$ \top$				ange	☐ Addition	1
NAME	NEUBERT, CARL O.		1,2 NAME		- [						74
STREET ADDRESS	7016 LEIGHTON WAY		13 ST	13 STREET A							E
CITY-ST-ZIP	ORLANDO FL		1.4 CF	1.4 CITY-ST-ZIP							R2
TITLE	V	☐ DELETE	2.1 TIT	TLE				□ Ch	ange	☐ Addition	ပ
NAME	NEUBERT, D. NADINE		22 NA	ME	- 1						1
STREET ADDRESS	7016 LEIGHTON WAY		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		2. 4 CI	ITY-ST	- ZiP					_	j
TITLE	S	☐ DELETE	3.1 TIT	ΠE				CH	ange	Addition	
NAME	BARRS, THERESE		3.2 NAM		ì						
STREET ADDRESS	7016 LEIGHTON WAY		3,3 ST	REET	ADDRESS						ĺ
CITY-ST-ZIP	ORLANDO FL		3,4. CI	ITY-ST	-ZIP					_	
TITLE		☐ DELETE	4.1 TI	ΓLE		<u> </u>		□c⊦	ange	☐ Addıtion	
NAME			4.2 N	AME							
STREET ADDRESS	NES S		4.3 STREET ADDRESS		ADDRESS						1
CITY-ST-ZIP			4.4 CITY		ZIP						]
TITLE		☐ DELETE	5.1 TF						nange	Addition	1
NAME			5 2 NA	52 NAME							
STREET ADDRESS			5.3 STRE		ADDRESS						
CITY-ST-ZIP		5.4 C		TY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						nange	Addition	]
NAME			6 <u>.</u> 2 NA	ME	ļ					J	1
STREET ADDRESS			6.3 ST	REET	ADDRESS						
			H								1

14. 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 indicate f on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

COLL DOWNLESS COVID NEVISER S/31/99
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date