## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J99073  1. Entity Name  CARL'S HOUSECLEANING, INC.					Secretary of State 03-22-2001 90033 003 ***150.00			
Principal Place of Business		Mailing Address		_				
% CARL D. NEUBERT		% CARL D. NEUBERT				1-0 0 ·		
ORLANDO FL 3		ORLANDO FL 32822		· •		, • •		
				11891118 81	id ining indicadill forms this high r		II BIBNI N <b>ab</b> i	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	59-2768759	<u> </u>	oplied For	]
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Add		
	6. Name and Address of Current I	Pagistored Agent	<u> </u>	7 Name and	Address of New Registere	Fee Require		1
	v. Name and Address of Current	registered Agent	Name	7. Name and	Address of New Negistere	a Agent		1
7016	Bert, Carl D. : Leighton Way Ando Fl 32822		Street Addres		r is Not Acceptable)			
			City		F	Zip Code	e	-
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or regis	tered agent, or both	n, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 2	!!!.FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of S	)   10, Elec	ction Campaign Financing st Fund Contribution.		<b>0</b> May Be I to Fees	-
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/0	CHANGES TO OFFICERS AN	VD DIRECTORS	3 IN 11	-
TITLE NAME	dpt Neubert, Carl D.	☐ Delete	TITLE NAME			☐ Change	Addition :	000
STREET ADDRESS CITY-ST-ZIP	7016 LEIGHTON WAY ORLANDO FL		STREET ADDRESS					CR2E034 (10/00)
TITLE	V	□ Delete	TITLE			☐ Change	Addition	122
NAME	NEUBERT, D. NADINE		NAME				-	ြ
STREET ADDRESS	7016 LEIGHTON WAY		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	-AP	CITY-ST-ZIP					]
TITLE	S SAPPO TIERROS	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	BARRS, THERESE		NAME STREET ADDRESS					İ
CITY-ST-ZIP	7016 LEIGHTON WAY ORLANDO FL	•	CITY-ST-ZIP					
TITLE	ONDANDO I E	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	<u> </u>		TITLE			☐ Change	Addition	
NAME		□ Doloto	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		= <del></del>	. CITY-ST-ZIP	_==			·	_
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exemption stated in my signature shall have th	Section 119.07(3)(i) e same legal effect	, Florida Statutes. I further c as if made under oath; that	ertify that the in I am an officer	iformation 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.