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

## FILED Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # L58875** E. T.'S EXTRA TOUCH CLEANING SERVICE, INC. 04-13-2001 90006 028 \*\*\*150.00 Principal Place of Business Mailing Address C/O ELLEN M. GALBRAITH C/O ELLEN M. GALBRAITH 9930-12 SAILVIEW CT. 9930-12 SAILVIEW CT. FT. MYERS FL 33905 FT. MYERS FL 33905 2. Principal Place of Business 3. Mailing Address clo Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 65-0236677 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Peave GALBRAITH, ELLEN M. ress (P.O. Box Number is Not Acceptable) 930-12 Sa. Vicw Court 9930-12 SAILVIEW CT. FT. MYERS FL 33905 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11: 12. CR2E034 (10/00) TITLE Delete GALBRAITH, ELLEN M. NAME NAME STREET ADDRESS 9930-12 SAILVIEW CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL VPET TITLE Delete TITLE ☐ Addition GALBRAIGH, TERRY I NAME NAME STREET ADDRESS 9930-12 SAILVIEW CT STREET ADDRESS CITY-ST-ZIP FT-MYERS FL CITY-ST-ZIP \_ **X** Change TITLE ☐ Delete TITLE Addition PEAVEY, RICKY D NAME NAME 9930-12 Sailview Court STREET ADDRESS STREET ADDRESS 9361 HEATHER LN CITY-ST-ZIP CITY-ST-7IP Fort Myers FL 33905 N FT MYERS FL Delete ☐ Change ☐ Addition TITLE TITLE CALA, JORGE NAME NAME STREET ADDRESS 901 PERRY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEIGH ACRES FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP