

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L70436

1. Entity Name

CILENE'S CLEANING INC

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90031 044 ***150.00

Principal Place of Business

178 E. ALMA AVE.
LAKE MARY FL 32746
US

Mailing Address

173 E. ALMA AVE.
LAKE MARY FL 32746-3027
US

2. Principal Place of Business

3. Mailing Address

178 E. ALMA AVE

178 E. ALMA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY FLA

City & State

LAKE MARY FLA

Zip

32746

Country

U.S.A.

Zip

32746

Country

U.S.A.

4. FEI Number

59-3011802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, DARRELL

178 E ALMA AVE.

LAKE MARY FL 32746

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PV	PALMER, DARRELL	178 E ALMA AVE	LAKE MARY FL	<input type="checkbox"/>
ST	PALMER, CILENE	178 E. ALMA AVE.	LAKE MARY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Darrell Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00

Daytime Phone #

407 330-0630

CR2E034 (9/99)