

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91884

1. Entity Name

TOTAL CLEANING CONCEPTS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90016 006 ***550.00

Principal Place of Business

1211 MIRAMAR ST
 STE 4
 CAPE CORAL FL 33904
 US

Mailing Address

1211 MIRAMAR ST #4
 CAPE CORAL FL 33904
 US

2. Principal Place of Business

309 S.E. 15 Terrace

Suite, Apt. #, etc.:

3. Mailing Address

309 S.E. 15 Terrace

Suite, Apt. #, etc.:



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

Zip

33990

Country

U.S.

City & State

Cape Coral FL

Zip

33990

Country

US

4. FEI Number

65-0069600

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

WISEMAN, DEBORAH A.
 1632 SW 27 ST
 CAPE CORAL FL 33914

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	T	<input type="checkbox"/> Delete
NAME	WISEMAN, DEBORAH A.	
STREET ADDRESS	1632 S.W. 27TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAVERBREY, PAMELA A.	
STREET ADDRESS	3742 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAVERBREY, DOREEN A.	
STREET ADDRESS	130 SE 15 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doreen Saverbrey	
STREET ADDRESS	309 S.E. 15th Terrace	
CITY-ST-ZIP	Cape Coral FL. 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00

Date

941 542-4888

Daytime Phone #

CR2E034 (5/00)