

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91884

1. Entity Name
TOTAL CLEANING CONCEPTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 046 ***150.00

Principal Place of Business
309 SE 15TH TERRACE
CAPE CORAL FL 33990
US

Mailing Address
309 SE 15TH TERRACE
CAPE CORAL FL 33990
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0069600

Applied For

Not Applicable

Zip Country

Zip Country

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 Doreen Sauerbrey
Street Address (P.O. Box Number is Not Acceptable)
309 S.E. 15th Terrace
City Cape Coral FL Zip Code 33990

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 Doreen Sauerbrey
Signature, typed or printed name of registered agent and title if applicable.

Doreen Sauerbrey
(NOTE: Registered Agent signature required when reinstating)

4-19-01
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, 2001 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 WISEMAN, DEBORAH A. ☒ Delete
STREET ADDRESS 1632 S.W. 27TH ST.
CITY-ST-ZIP CAPE CORAL FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME P SAUERBREY, PAMELA A. ☐ Delete
STREET ADDRESS 3742 SW 1ST PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME S SAUERBREY, DOREEN A. ☐ Delete
STREET ADDRESS 309 SE 15TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Pamela Sauerbrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 941542-4888
Date Daytime Phone #

CR2E034 (10/00)