

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED

Sep 06, 2000 8:00 am  
Secretary of State

05-16-2000 90077 021 \*\*\*163.75

DOCUMENT # P00000000431

1. Entity Name

JACKIE'S CLEANING, INC.

Principal Place of Business

1716 NE 12TH ST.  
CAPE CORAL FL 33909

Mailing Address

1716 NE 12TH ST.  
CAPE CORAL FL 33909

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

05/16/00 90077 021 163.75

4. FEI Number

65-0972354

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIZARRO, ENNA L  
1716 NE 12TH ST.  
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name: Victoria Guerra  
Street Address (P.O. Box Number is Not Acceptable):  
1716 NE 12TH ST.  
Cape Coral, FL Zip Code: 33909

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]*

(NOTE: Registered Agent signature required when reappointing)

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 \$350.00  
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

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | PIZARRO, JACQUELINE M |                                            |
| STREET ADDRESS | 1716 NE 12TH ST.      |                                            |
| CITY-ST-ZIP    | CAPE CORAL FL 33909   |                                            |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | PIZARRO, ENNA L       |                                            |
| STREET ADDRESS | 1716 NE 12TH ST.      |                                            |
| CITY-ST-ZIP    | CAPE CORAL FL 33909   |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input checked="" type="checkbox"/> Delete |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                                                              |
|----------------|--------------------------------------|------------------------------------------------------------------------------|
| TITLE          | VD                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Victoria Guerra                      |                                                                              |
| STREET ADDRESS | 1716 NE 12TH ST.                     |                                                                              |
| CITY-ST-ZIP    | CAPE CORAL FL 33909                  |                                                                              |
| TITLE          | Officer                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ENNA L. Pizarro                      |                                                                              |
| STREET ADDRESS | 1716 NE 12TH ST. Cape Coral FL 33909 |                                                                              |
| 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          |                                      | <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]* ENNA L. Pizarro

04-27-2000 941 6939047

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Pres. Jacqueline Pizarro

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