

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90274 010 \*\*\*150.00

**DOCUMENT # P00000021431**

1. Entity Name

**COMPLETE MOBILE CLEANING SERVICE, INC.**

Principal Place of Business

Mailing Address

~~10121 LAKE LOUISA RD.~~  
~~CLERMONT FL 34711~~

~~10121 LAKE LOUISA RD.~~  
~~CLERMONT FL 34711~~

818691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~COMPLETE MOBILE CLEANING SERVICE, INC.~~  
~~300 E. DIVISION ST. UNIT 0311~~  
~~MINNEAPOLIS, MN 55401~~

~~COMPLETE MOBILE CLEANING SERVICE, INC.~~  
~~P.O. Box 120039~~  
~~CLERMONT, FL 34712~~

Suite, Apt. #, etc. ~~UNIT 0311~~

Suite, Apt. #, etc. ~~P.O. Box 120039~~

~~MINNEAPOLIS, MN~~

~~CLERMONT, FL~~

~~34755~~ Country ~~USA~~

~~34712~~ Country ~~USA~~

4. FEI Number ~~59-3620501~~

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

**COLDE, PATRICK W**  
~~10121 LAKE LOUISA RD.~~  
~~CLERMONT FL 34711~~

Name ~~COLDE, PATRICK W.~~  
 Street Address (P.O. Box Number is Not Acceptable) ~~300 E. DIVISION ST. UNIT 0311~~  
~~MINNEAPOLIS, MN~~  
~~34755~~ FL ~~USA~~

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 *Patrick W. Colde* **PATRICK W. COLDE VICE-PRESIDENT 2/6/01**  
 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, 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 **PRESIDENT** ☐ Delete  
 NAME **ROBERT W. COLDE**  
 STREET ADDRESS **P.O. Box 120039**  
 CITY-ST-ZIP **CLERMONT, FL 34712**

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

TITLE **VICE-PRESIDENT** ☐ Delete  
 NAME **PATRICK W. COLDE**  
 STREET ADDRESS **P.O. Box 120039**  
 CITY-ST-ZIP **CLERMONT, FL 34712**

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

TITLE **SECRETARY/TREASURER** ☐ Delete  
 NAME **PATRICK W. COLDE**  
 STREET ADDRESS **P.O. Box 120039**  
 CITY-ST-ZIP **CLERMONT, FL 34712**

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

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: *Patrick W. Colde* **PATRICK W. COLDE 2/6/01 352-394-6675**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)