

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90653 034 ***150.00

0651863 AV

DOCUMENT # P00000021431

1. Entity Name
COMPLETE MOBILE CLEANING SERVICE, INC.

Principal Place of Business
**300 E. DIVISION STREET
UNIT 0311
MINNEOLA FL 34755**

Mailing Address
**P.O. BOX 120039
CLERMONT FL 34712**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
**COLDE, PATRICK W
300 E. DIVISION STREET
UNIT 0311
MINNEOLA FL 34755**

7. Name and Address of New Registered Agent
Name **PATRICK W. COLDE**
Street Address (P.O. Box Number is Not Acceptable) **2313 GRASMERE CIRCLE**
City **CLERMONT** FL Zip Code **34711**

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, V.P.** 3/18/02
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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLDE, ROBERT W	
STREET ADDRESS	P.O. BOX 120039	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLDE, PATRICK W	
STREET ADDRESS	P.O. BOX 120039	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLDE, PATRICIA A	
STREET ADDRESS	P.O. BOX 120039	
CITY-ST-ZIP	CLERMONT FL 34712	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: *Patrick W. Colde* **PATRICK W. COLDE, V.P.** 3/18/02 (352) 394-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)