

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90056 016 ***150.00

DOCUMENT # P00000023467

1. Entity Name

MILLIE'S CLEANING SERVICE, INC.

Principal Place of Business

8750-11 GLADIOLUS DR. #227
FORT MYERS FL 33908-1910

Mailing Address

8750-11 GLADIOLUS DR. #227
FORT MYERS FL 33908-1910

2. Principal Place of Business

15880 SUMMERLIN RD
Suite, Apt. #, etc.
300 P.M.B 227

City & State
FORT MYERS FL

Zip Country
33908 1

3. Mailing Address

15880 SUMMERLIN RD
Suite, Apt. #, etc.
300 P.M.B 227

City & State
FORT MYERS FL

Zip Country
33908



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0984276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHNKE, HERMINIA
8750-11 GLADIOLUS DR. #227
FORT MYERS FL 33908-1910

7. Name and Address of New Registered Agent

Name
BEHNKE, HERMINIA

Street Address (P.O. Box Number is Not Acceptable)

15880 SUMMERLIN RD # 300 P.M.B 227

City
FORT MYERS

FL

Zip Code
33908

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

Herminia Behnke

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

(NOTE: Registered Agent signature required when reinstating)

2/16/02

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	PD	<input type="checkbox"/> Delete
NAME	BEHNKE, HERMINIA	
STREET ADDRESS	8750-11 GLADIOLUS DRIVE # 227	
CITY-ST-ZIP	FORT MYERS FL 33908	
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"/> 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	
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	<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:

Herminia Behnke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

Daytime Phone #

CR2E034 (9/01)