

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030964

1. Entity Name
WEST COAST CLEANING OF S.W. FLORIDA, INC.

Principal Place of Business
2740 BAYSHORE DR.
33
NAPLES FL 34112

Mailing Address
P.O. BOX 114
NAPLES FL 34106

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 74-3012967 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARVER, DEBRA ANN
5700 WESTPORT LN.
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name Lori Ann Abraham
Street Address (P.O. Box Number is Not Acceptable)
3693 Belair Lane
City Naples FL Zip Code 34103

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 L. Abraham 8-27-2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PSTD
NAME CARVER, DEBRA ANN
STREET ADDRESS 5700 WESTPORT LN.
CITY-ST-ZIP NAPLES FL 34116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Lori Abraham
STREET ADDRESS 3693 Belair Lane
CITY-ST-ZIP Naples FL 34103 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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: L. Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-2001 941 732-1036
Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

03-26-2001 90050 036 ***150.00
09-05-2001 90007 035 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)