

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076639

1. Entity Name

THE CLEANING LADY OF NASSAU COUNTY INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 011 ***150.00

Principal Place of Business

POST OFFICE BOX 15252
FERNANDINA BEACH FL 32035

Mailing Address

POST OFFICE BOX 15252
FERNANDINA BEACH FL 32035

2. Principal Place of Business

3640 Freeman Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15252

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Yulee, FL

City & State

Fernandina Beach, FL

4. FEI Number

59-3678735

Applied For

Not Applicable

Zip

32097

Country

Nassau

Zip

32035

Country

Nassau

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, ROBERT
311 CENTRE STREET
SUITE 204
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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, 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

TITLE PD ☐ Delete
NAME THOMLEY, MILAGRO S
STREET ADDRESS POST OFFICE BOX 15252
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Milagro S. Thomley / Milagro S. Thomley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 583-0038

CR2E034 (10/00)