

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90012 050 \*\*\*150.00

DOCUMENT # P00000106209

1. Entity Name

KLEEN BEE'S GENERAL SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2710 Del Prado Blvd S

Suite, Apt. #, etc.

Suite 2-200

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Address

2710 Del Prado Blvd S

Suite, Apt. #, etc.

Suite 2-200

City & State

Cape Coral, FL

Zip

33904

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1054441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

DOREEN BARTON

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

4827 Manor Ct #38

Cape Coral

City

FL

33904

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
D  
BARTON, DOREEN A  
STREET ADDRESS  
2710 DEL PRADO BLVD. S. Ste 2-200  
CITY-ST-ZIP  
Cape Coral, FL 33904

TITLE  
NAME  
D  
BURNS, TODD F.  
STREET ADDRESS  
2710 DEL PRADO BLVD. S. Ste 2-200  
CITY-ST-ZIP  
Cape Coral, FL 33904

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Doreen Barton DOREEN BARTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-02

Date

239-281-4144

Daytime Phone #

Attachment

677001  
#P00000106209

**KLEEN BEE'S GENERAL SERVICES INC.  
2710 DEL PRADO BLVD. SOUTH STE 2-200  
CAPE CORAL, FL. 33904  
239-281-4144**

**TO: UNIFORM BUSINESS REPORT OFFICE**

**AUGUST 8<sup>TH</sup>, 2002**

**I PHONED YOUR OFFICE ON 8-7-02 TO INQUIRE AS TO WHY I  
HAVE NOT RECEIVED MY COMPANIES FORM AS OF YET.  
AFTER REVIEW OF YOUR RECORDS IT WAS DISCOVERED  
THAT THE ADDRESS WAS LISTED AS 270 DEL PRADO BLVD.  
INSTEAD OF 2710 DEL PRADO BLVD. SOUTH. I WAS  
INSTRUCTED TO ENCLOSE THIS LETTER OF EXPLANATION  
AND A CHECK FOR \$150.00 THANK YOU FOR YOUR TIME.**

**DOREEN BARTON**

*Doreen Barton*