

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000110642**

1. Entity Name

**THE CLEANING FAIRIES, INC.****FILED****Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90469 024 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 100369  
CAPE CORAL FL 33910P O BOX 100369  
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

119 S.W. 52nd Terrace

P.O. Box 100369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Cape Coral, Florida

City &amp; State

Cape Coral Florida

4. FEI Number

65-1063648

Applied For

Not Applicable

Zip

Country

33914

Lee

Zip

Country

33910-0369

Lee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLEY, PATRICIA J  
119 SOUTH WEST 52ND TERRACE  
CAPE CORAL FL 33914

Name

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

City

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	BARLEY, PATRICIA J	P O BOX 100369	CAPE CORAL FL 33910				
	VPD						
	BARRACK, CATHARINE D	P O BOX 100369	CAPE CORAL FL 33910				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01

(941) 945-4585

CR2E034 (10/00)