

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113428

1. Entity Name

A & E TOTAL HOME CARE & CLEANING SERVICES, INC.

**FILED**  
Mar 01, 2001 8:00 am  
Secretary of State

02-15-2001 90004 007 \*\*\*150.00

Principal Place of Business

Mailing Address

11430 TAMiami TRAIL EAST  
NAPLES FL 34113

11430 TAMiami TRAIL EAST  
NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

P.O. Box 779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

4. FEI Number

59 3686966

Applied For

Not Applicable

Zip

Country

Zip

Country

34106-0779

Collier

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Erik Papenfuss

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

11430 Tamiami Tr. E

City

Naples

FL

Zip Code

34113

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  
PSTD  
PAPENFUSS, ERIK  
11430 TAMiami TRAIL EAST  
NAPLES FL 34113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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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

2/12/01  
Date

941-917-4663  
Daytime Phone #

CR2E034 (10/00)