

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90297 017 ***150.00

DOCUMENT # P01000103802

1. Entity Name
PAMPERED CLEANING, INC.

Principal Place of Business

**3482 CORNING AVENUE
PUNTA GORDA FL 33980**

Mailing Address

**3482 CORNING AVENUE
PUNTA GORDA FL 33980**

2. Principal Place of Business

29930 Belmont Rd.
Suite, Apt. #, etc.

3. Mailing Address

29930 Belmont Rd.
Suite, Apt. #, etc.

City & State

Punta Gorda, Fl.

City & State

Punta Gorda, Fl.

4. FEI Number

65-1149843

Applied For

Not Applicable

Zip
33982

Country

Charlotte

Zip

33982

Country

Charlotte

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TYLER, GEORGIA
3482 CORNING AVENUE
PUNTA GORDA FL 33980**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Georgia Tyler

(NOTE: Registered Agent signature required when reinstating)

4-9-02

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, 2002 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 ☐ Delete
NAME **D TYLER, GEORGIA**
STREET ADDRESS **3482 CORNING AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33980**

TITLE ☐ Delete
NAME **D JOHNSON, KAREN L**
STREET ADDRESS **3482 CORNING AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33980**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Karen L. Johnson
Karen L. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

941-639-1844

Daytime Phone #

CR2E034 (9/01)