

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 026 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000105344

1. Entity Name
**TIDY LADIES PROFESSIONAL CLEANING
SERVICES, INC.**



Principal Place of Business
2978 ST CHARLES STREET
FT MYERS, FL 33916 US

Mailing Address
505 SW 13TH STREET
CAPE CORAL, FL 33991 IIS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1426996

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMART, MATCHAM A
505 SW 13TH STREET
CAPE CORAL, FL, FL 33991

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SMART, MATCHAM A
STREET ADDRESS 505 SW 13TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE P ☐ Delete
NAME MOSS, SHARON L
STREET ADDRESS 1600 COVINGTON MEADOWS CIR
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE P ☒ Delete
NAME RILES, REGINA D
STREET ADDRESS 2978 ST CHARLES STREET
CITY-ST-ZIP FT MYERS, FL 33916

TITLE P ☒ Delete
NAME LINDSAY, ROSE M
STREET ADDRESS 1202 BROADWAY AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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 #

4/1/03 239-275-2929

CR2E034 (10/02)