

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132239

1. Entity Name
COOTE JANITORIAL SERVICES, INC.



Principal Place of Business
2880 W Oakland Park Blvd
- Suit #206
Ft, Lauderdale. Fl 33311

Mailing Address
2699 NW 68 TERRACE
FORT LAUDERDALE, FL 33313

FILED
09 APR 29 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1184727

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, DIONNE
2880 W OAKLAND Park Blvd
Suite #206
Ft. LAUDERDALE. Fl 33311

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

SIGNATURE Gloria White
Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/09
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees
600153873546
04/30/09--01002--015 **158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME COOTE, NOEL
STREET ADDRESS 2880W Oland Park Blvd; #206
CITY-ST-ZIP Ft, Lauderdale Fl 33311

TITLE D
NAME WHITE, GLORIA
STREET ADDRESS 2699 NW 68 TERR
CITY-ST-ZIP SUNRISE, FL.#33313

TITLE T
NAME MORRIS, DIONNE
STREET ADDRESS 2699 NW 68 TERR
CITY-ST-ZIP SUNRISE FL. 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gloria White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14-109
Date

954-5301946
Daytime Phone