

200. FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132239	
1. Entity Name COOTE JANITORIAL SERVICES, INC.	
Principal Place of Business	Mailing Address 2699 NW 68 TERRACE FORT LAUDERDALE, FL 33313



FILED

10 APR 29 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1184727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, DIONNE

340 Holly Drive
West Palm Beach, FL 33415

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-2010

**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 Fee

700179236277
04/30/10--01007--001 **158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOTE, NOEL
STREET ADDRESS	2699 NW 68th
CITY-ST-ZIP	Sunrise FL 33313
TITLE	D
NAME	WHITE, GLORIA
STREET ADDRESS	2699 NW 68th
CITY-ST-ZIP	Sunrise, FL 33313
TITLE	T
NAME	MORRIS, DIONNE
STREET ADDRESS	340 Holly Drive
CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

RH

**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

4/1-10

Date

954-5301946

Daytime Phone