

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132239

1. Entity Name
COOTE JANITORIAL SERVICES, INC.



Principal Place of Business
333 SW 27th AVE

FORT LAUDERDALE FL 33313

Mailing Address
2699 NW 68 TERRACE
FORT LAUDERDALE, FL 33313

12 MAY 17 PM 2:01



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1184727
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

2699 NW 68th TERRACE
SUNRISE FL 33313
GLORIA WHITE COOTE

**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

**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

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

TITLE D
NAME COOTE, NOEL
STREET ADDRESS 2699 NW 68th TERRACE
CITY - ST - ZIP SUNRISE FL # 33313

TITLE D
NAME WHITE, GLORIA COOTE
STREET ADDRESS 2699 NW 68 TERRACE
CITY - ST - ZIP SUNRISE FL 33313

TITLE T
NAME
STREET ADDRESS
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IN THIS SPACE**

MAY 17 2012

A. DUNLAP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-2012

Date

954-5301946

Daytime Phone #