

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017963

1. Entity Name

ADVANTAGE CLEANING, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90128 045 \*\*\*150.00

Principal Place of Business

Mailing Address

6304 BEECHWOOD AVENUE  
 SARASOTA FL 34231

6304 BEECHWOOD AVENUE  
 SARASOTA FL 34231

2. Principal Place of Business

2320 GULF GATE DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

4. FEI Number

65-0651471

Applied For

Not Applicable

Zip

Country

34231 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGENER, JULIE A  
 6304 BEECHWOOD AVENUE  
 SARASOTA FL 34231

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME DEGENER, JULIE ANN  
 STREET ADDRESS 6304 BEECHWOOD AVE  
 CITY-ST-ZIP SARASOTA FL

TITLE D S T  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  
 NAME DEGENER, DALE  
 STREET ADDRESS 6304 BEECHWOOD AVE  
 CITY-ST-ZIP SARASOTA FL

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 941-927-8000  
 Date Daytime Phone #

CR2E034 (10/00)