

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 046 ***150.00

DOCUMENT # **P96000025679**

1. Entity Name

AAA Quality Commercial Cleaning Inc

DO NOT WRITE IN THIS SPACE

80056805

2. Principal Place of Business

P.O. Box 61133

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61133

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Myers, FL

Zip

33906

Country

US

City & State

Ft Myers FL

Zip

33906

Country

US

4. FEI Number

65-0484941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Teresa Lea Beardmore

Street Address (P.O. Box Number is Not Acceptable)

1621 N TAMiami Tr #4

City

N Ft Myers

FL

Zip Code

33903

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

Teresa Lea Beardmore

TERESA LEA BEARDMORE

3-21-02

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).

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
Crowell, Leigh Ann
P.O. Box 61133
Ft Myers, FL 33906**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leigh Ann Crowell

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #