

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081118

1. Entity Name

THE CLEANING COMPANY OF NORTH FLORIDA

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90064 006 ***150.00

Principal Place of Business

Mailing Address

4579 LENOX AVE
JACKSONVILLE FL 32205

4579 LENOX AVE
JACKSONVILLE FL 32205-5417

2. Principal Place of Business

5400-4 Verna Blvd.

3. Mailing Address

5400-4 Verna Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, Fl

City & State

Jax, Fl

4. FEI Number

59-3404068

Applied For

Not Applicable

Zip

32205

Country

United

Zip

32205

Country

United

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

LEE, DAVID B JR
767 BLANDING BOULEVARD
SUITE 107
ORANGE PARK FL 32065

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, 2000 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 DVP
NAME MANGE, JOSEPH W JR
STREET ADDRESS 4579 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5400 Verna Blvd #4...
CITY-ST-ZIP Jax, fl 32205

TITLE DP
NAME WIDDOWSON, RAY
STREET ADDRESS 4579 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC
NAME MANGE, JOANN
STREET ADDRESS 4579 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5400-4 Verna Blvd
CITY-ST-ZIP Jax, fl 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

CR2E034 (9/99)