

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001219

1. Entity Name

COASTLINE WINDOW CLEANING, INC  
2001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL -2 PM 2:42

Principal Place of Business

Mailing Address

532 SW 57TH STREET  
CAPE CORAL, FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720612

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JASON R. EVERS  
532 SW 57TH STREET  
CAPE CORAL, FL 33914

Name

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

532 SW 57TH ST

City

CAPE CORAL

FL

Zip Code

33914

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

4/30/01

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 D P-T  
NAME JASON R. EVERS  
STREET ADDRESS 532 SW 57TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33914

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800004477008--1  
-07/16/01--01050--002  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE D VP  
NAME KELLY EVERS  
STREET ADDRESS 532 SW 57TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33914

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

4/30/01

941481-0083