2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



Secretary of State 02-14-2003 90206 045 ***150.00

FILED Feb 26, 2003 8:00 am

P97000028084 DOCUMENT # 1. Entity Name CONTRACTORS ONLY CLEANING COMPANY, INC. Principal Place of Business Mailing Address 1997 45TH TERRACE SW 1997 45TH TERRACE SW NAPLES FL 34116 NAPLES FL 34118 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3486378 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINNE JOHN'S Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVENUE SOUTH SUITE 211 NAPLES FL 34102 City Zip Code 8. The above named entity authritis 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 DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete CR2E034 (10/02) MLE TITLE ☐ Change WORTHINGTON, LAURA NAME 1997 45TH TERR SW STREET ADDRESS STREET ADORESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE HACKWORTH, LAURIÉ NAME NAME 4311 ATOLL CT., #8 STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition WORTHINGTON, LAURA_ MALIF 1997-45TH-TERR-SW-STREET ADDRESS STREET ADDRESS CITY-ST-ZIE NAPLES FL 34116 CITY-ST-ZIP ☐ Addition ☐ Dalete TITLE Change

☐ Detete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

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WORTHINGTON, LAURA

1997 45TH TERR SW

NAPLES FL 34116

changed, or on an attachment with a

Delete

☐ Change

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