

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045727

1. Entity Name

SHIP SHAPE CLEANING, CO., INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 024 ***150.00

Principal Place of Business

548 107TH AVE. NORTH
NAPLES FL 34108

Mailing Address

548 107TH AVE. NORTH
NAPLES FL 34108-1855

2. Principal Place of Business

8475 Hollow Brook Cir.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

PEBBLE BROOK LAKES

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

Zip

Country

34119 USA

Zip

Country

4. FEI Number

65-0754986

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADDUCCI, JIM

548 107TH AVE. NORTH
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

JIM ADDUCCI

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

8475 Hollow Brook Cir.

PEBBLE BROOK LAKES

City

NAPLES

FL

Zip Code

34119

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

Jim Adducci

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ADDUCCI, JIM
CITY-ST-ZIP 548 107TH AVE. NORTH
NAPLES FL 34108

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Jim Adducci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

941-354-2685

Daytime Phone #

CR2E034 1/9/99