2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000050118**

1. Entity Name
NAPLES CLEANING CONCEPTS, INC.

Principal Place of Business	Mailing Address
4595 CHIPPENDALE DR.	4595 CHIPPENDALE DR.
NAPLES FL	NAPLES FL
34112	34112

2. Principal Place of Business	3. Mailing Address
4110 ENTERPRISE AVE	4110 ENTERPRISE AVE.
Suite, Apt. #, etc. 111	Suite, Apt. #, etc. 111
City & State NAPLES FL	City & State NAPLES FL
Zip 34104 / Country	Zip 34104 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARBARO VINCENT A
4595 CHIPPENDALE DR.
NAPLES FL
34112

7. Name and Address of New Registered Agent

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 ____________________ 04/09/2001
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, 2001 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 ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	PETERS MATTHEW D	NAME	PETERS MATTHEW D
STREET ADDRESS	4595 CHIPPENDALE DR.	STREET ADDRESS	5644 SANDLEWOOD CT. #1903
CITY-ST-ZIP	NAPLES FL 34112	CITY-ST-ZIP	NAPLES FL 34110
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARBARO VINCENT A	NAME	
STREET ADDRESS	4595 CHIPPENDALE DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Matthew D. Peters VP 04/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #