

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90167 004 ***150.00

DOCUMENT # P97000090544

1. Entity Name
FIRST CLASS CLEANING OF SOUTH WEST FLORIDA, INC.



Principal Place of Business
7071 SUGAR MAGNOLIA CIRCLE
NAPLES FL 34109

Mailing Address
7071 SUGAR MAGNOLIA CIR
NAPLES FL 34109

2. Principal Place of Business
2220 J & C BLVD. # 3

3. Mailing Address
2220 J & C BLVD. # 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

Zip
34109

Country
COLLIER

Zip
34109

Country
COLLIER

4. FEI Number **59-3472520**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COTTER, TIMOTHY J P.A.
999 9TH STREET SOUTH
SUITE 103
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name **TIMOTHY J. COTTON, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
599 9TH STREET NORTH # 313
City **NAPLES** **FL** **Zip Code** **34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCLENDON, JASON**
STREET ADDRESS **7071 SUGAR MAGNOLIA CIR**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 **(239) 572-1111**
Date **Daytime Phone #**

CR2E034 (10/02)