## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000102278

## CONQUEST CLEANING, INC.

Principal Place of Business

Mailing Address

1544 MARKET CIRCLE BLDG 10 UNIT 10 PORT CHARLOTTE FL 33953 P O BOX 381044 3400 S. TAMIAMI TRAIL MURDOCK FL 33938-1044

2. Principal Place of Business

558 SPRINGLAKE BLUD

Suite, Apt. #, etc.

SIGNATURE

3. Mailing Address

Suite, Apt. #, etc.

## **FILED** Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90133 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DATE

					l l		
City & State	OTTE FL	City & State			4. FEI Number 65-0801816 Applied For Not Applicable		
33952	Country	Zip Coun		try	5. Certificate of Status Desir	ed 🗌	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STEVENS, MARK C			Name				
558 SPRINGL				Street Address (P.O. Box Number is Not Acceptable)			
1 OIII OIWAIL	J112 1 2 00002						
				City		F	Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

9.	This corporation is eligible to satisfy its Intangible	
	Tax filing requirement and elects to do so.	

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

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

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE KNAUS, SUSAN K NAME STREET ADDRESS STREET ADDRESS P O BOX 381052 CITY-ST-ZIP CITY-ST-ZIP MURDOCK FL 33938 ☐ Addition ☐ Change ☐ Delete TITLE Stevens, Mark C NAME STREET ADDRESS 558 SPRINGLAKE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 --- - - Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVENS