

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90007 020 ***150.00

DOCUMENT # P98000009296

1. Entity Name
SILVER STREAK CLEANING, INC.

Principal Place of Business 4500 27TH CT SW NAPLES FL 34116 US	Mailing Address 4500 27TH CT SW NAPLES FL 34117-4703 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2321 17th ST SW Suite, Apt. #, etc.	3. Mailing Address 2321 17th ST SW Suite, Apt. #, etc.
---	---

City & State NAPLES FL.	City & State NAPLES FL.	4. FEI Number 59-3490777	Applied For <input type="checkbox"/> Not Applicable
Zip 34117	Country US	Zip 34117	Country US

6. Name and Address of Current Registered Agent RALIEGH, JASON 1141 SOUTH ALHAMBRA CIRCLE NAPLES FL 34103	7. Name and Address of New Registered Agent Name RALIEGH Street Address (P.O. Box Number is Not Acceptable) 2321 17th ST SW City NAPLES FL Zip Code 34117
---	--

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 *[Signature]* DATE 4-6-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME STREET ADDRESS CITY-ST-ZIP	RALIEGH, JASON 1141 SOUTH ALHAMBRA CIRCLE NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2321 17th ST SW NAPLES FL. 34117 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RALEIGH, CHRISTINE 1141 SOUTH ALHAMBRA CIRCLE NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2321 17th ST SW NAPLES, FL. 34117 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 4-6-00 DAYTIME PHONE # 941-777-7522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR