2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000044272** May 12, 2000 8:00 am Secretary of State GATOR CLEANING, INC. 05-12-2000 90061 019 ***150.00 Principal Place of Business Mailing Address 609 CYPRESS WAY EAST 609 CYPRESS WAY EAST NAPLES FL 34110-1108 NAPLES FL 34110 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3524324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be **After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD aq ☐ Addition TITLE ☐ Delete MARTIN CAROLINE M. TITLE MARTIN; CAROLINE M NAME NAME 174-A CAPRESS Way EAST **494 CYPRESS WAY EAST** STREET ADDRESS STREET ADDRESS Naples 71 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Change ☐ Addition Delete TITLE MARTIN BODGLG MARTIN, BOBBY G NAME NAME 174-A CUPRESSULLAY EAST STREET ADDRESS 494 CYPRESS WAY EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Change ~ ~ ☐ Addition > = Delete TITLE TITLE MARTIN, ROSE M NAME 512 105TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR