

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051494

1. Entity Name

GULF COAST RESIDENTIAL CLEANING, INC.

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

04-12-2000 90014 040 \*\*\*150.00

Principal Place of Business

2226 ARBOUR WALK CIR  
SUITE 1911  
NAPLES FL 34109

Mailing Address

2226 ARBOUR WALK CIR  
SUITE 1911  
NAPLES FL 34110-2392

2. Principal Place of Business

5644 SANDLEWOOD CT.

3. Mailing Address

5644 SANDLEWOOD CT.

Suite, Apt. #, etc.

1903

Suite, Apt. #, etc.

1903

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

COLLIER

Zip

34110

Country

COLLIER

4. FEI Number

65-0845566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERS, MARK  
250 GABRIEL CIRCLE #8  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5644 SANDLEWOOD CT.

SUITE 1903

City

NAPLES

FL

Zip Code  
34110

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)* (MARK PETERS, PRESIDENT)

04/03/00

(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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, MARK	
STREET ADDRESS	2226 ARBOUR WALK CIRCLE STE 1911	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, MATT	
STREET ADDRESS	5644 SANDLEWOOD COURT 1903	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBARO, VINCENT	
STREET ADDRESS	4945 CHIPPENDALE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK PETERS	
STREET ADDRESS	5644 SANDLEWOOD CT # 1903	
CITY-ST-ZIP	NAPLES, FL. 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/00

Date

941-571-0274

Daytime Phone #

CR2E034 (9/99)