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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State
01-26-2000 90115 050 ***150.00

DOCUMENT # P98000067306

1. Entity Name
NIOBI AND KELLY'S CLEANING SERVICE, INC.

(R)

Principal Place of Business	Mailing Address
907 W. 7TH ST. LEHIGH ACRES FL 33936	P.O. BOX 60874 FORT MYERS FL 33906-6874

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858962 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, KELLY E
907 W. 7TH ST.
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name Niobi Constantinidi
Street Address (P.O. Box Number is Not Acceptable) 907 W 7th St
City Lehigh Acres FL Zip Code 33936

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 Niobi Constantinidi DATE 1/14/00
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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	Vice President ☑ Change ☐ Addition
NAME	HILL, KELLY E	NAME	Kelly E. Hill
STREET ADDRESS	7941 GEORGIAN BAY CIRCL #201	STREET ADDRESS	15177 Parkside Dr. #5
CITY-ST-ZIP	FT. MYERS FL 33912	CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	V ☐ Delete	TITLE	President ☑ Change ☐ Addition
NAME	CONSTANTINIDI, NIOBI	NAME	Niobi Constantinidi
STREET ADDRESS	907 W. 7TH ST.	STREET ADDRESS	907 W 7th St
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	Lehigh Acres Fl. 33936
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kelly E. Hill — Kelly E. Hill 1/16/00 (941)267-572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #