

DOCUMENT # P98000070426

1. Entity Name

CCS CLEANING SERVICES, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90002 033 ***150.00

Principal Place of Business

4112 NW 59TH AVE
 GAINESVILLE FL 32653
 US

Mailing Address

4112 NW 59TH AVE
 GAINESVILLE FL 32653
 US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3536054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, CURTIS R
 818 N.W. 7TH PLACE
 GAINESVILLE FL 32601

Name

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

4112 NW 59TH AVE

City

Gainesville

FL

Zip Code

32653

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 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, 2001 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	S	<input type="checkbox"/> Delete
NAME	SPENCER, YVETTE C	
STREET ADDRESS	818 N.W. 7TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete
NAME	SPENCER, CURTIS	
STREET ADDRESS	4112 NW 59TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCER, EDWARD	
STREET ADDRESS	711-104	
CITY-ST-ZIP	GAINESVILLE FL 32607	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4112 NW 59th Ave.
CITY-ST-ZIP	Gainesville FL 32653
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	711-104 SW 75th St.
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 all other like empowered.

SIGNATURE: Curtis B. Spencer Curtis B. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-01

Date

352-378-9863

Daytime Phone #

CR2E034 (10/00)