

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098513

1. Entity Name
SIMEON CLEANING SERVICE INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90008 015 ***150.00

Principal Place of Business
#2-1024 SE 24TH AVE
CAPE CORAL FL 33990
US

Mailing Address
P.O. BOX 3093
FORT MYERS FL 33918
US

000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1308 SE 24th Ave.

3. Mailing Address

Suite, Apt. #, etc.
CAPE CORAL, FL.

Suite, Apt. #, etc.

City & State
33990

City & State

4. FEI Number **65-0882020**

Applied For
Not Applicable

Zip
Lee

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

SIMEONOV, SIMEON I
1512 CORDOVA AVENUE
FORT MYERS FL 33901

Name **SIMEONOV, SIMEON I.**

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

1308 SE 24th Ave.

City **CAPE CORAL** **FL** Zip Code **33990**

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 **SIMEON IVANOV SIMEONOV - OWNER** **4-25-01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMONOV, SIMEON I ☐ Delete
1512 CORDOVA AVENUE
FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMEON I. SIMEONOV ☒ Change ☐ Addition
1308 SE 24th AVE.
CAPE CORAL FL. 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMEONOV, SIMEON I ☐ Delete
#2-1024 SE 24TH AVE
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01 **(941) 458 9130**
Date Daytime Phone #

CR2E034 (10/00)

0535750