

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90298 012 \*\*\*150.00

**DOCUMENT # P98000106250**

1. Entity Name

**ELITE WINDOW CLEANING, INC.**

Principal Place of Business

1655 MEMORY LANE  
 SARASOTA FL 34231

Mailing Address

1655 MEMORY LANE  
 SARASOTA FL 34231-3710

2. Principal Place of Business

**5851 Honore Avenue North**

3. Mailing Address

**5851 Honore Avenue North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

Zip  
**34243**

Country

Zip  
**34243**

Country

4. FEI Number

**05-0884686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROCCO, NICHOLAS A**  
**1655 MEMORY LANE**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Robert B. Owens, III**

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

**5851 Honore Avenue North**

City **Sarasota** **FL** Zip Code **34243**

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 **Robert B Owens III**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-17-2K**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Robert B. Owens III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT B. OWENS III, President**

**2-17-2K (941) 359-8422**

Date

Daytime Phone #

CR2E034 (9/99)