

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000107128**

1. Entity Name

TALBOTT'S COMMERCIAL CLEANING INC.**FILED****Mar 17, 2000 8:00 am**
Secretary of State

03-17-2000 90041 010 ***150.00

Principal Place of Business

10210 SANDY HOLLOW LANE
BONITA SPRINGS FL 34135

Mailing Address

10210 SANDY HOLLOW LANE
BONITA SPRINGS FL 34135-6601**026241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10210 Sandy Hollow Ln.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, Fla.

City & State

Bonita Springs, Fla 34135

Zip

34135

Country

USA

Zip

34135

Country

USA

4. FEI Number

APPLIED FOR

65-0932428

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TALBOTT, MARTY
10210 SANDY HOLLOW LANE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Martha L. Talbott

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

10210 Sandy Hollow Ln.

City

Bonita Springs

FL

Zip Code

34135

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

President

(NOTE: Registered Agent signature required when reinstating)

3-15-2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS TALBOTT, MARTHA L
CITY-ST-ZIP 10210 SANDY HOLLOW LN
BONITA SPGS FL 34135TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Martha L. Talbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #