

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 004 ***150.00

DOCUMENT #

1. Entity Name

COLUMBIA CLEANING COMPANY, INC.

Principal Place of Business

Mailing Address

1616 West Cape Coral Parkway Suite 165
Cape Coral, Florida 33914

1616 W. Cape Coral Pkwy Suite 165
Cape Coral, FL 33914

2. Principal Place of Business

3. Mailing Address

1616 W Cape Coral Pkwy
Suite, Apt. #, etc. 165

1616 W Cape Coral Pkwy
Suite, Apt. #, etc. 165

City & State
Cape Coral Florida

City & State
Cape Coral Florida

4. FEI Number
65-0989829

Applied For
Not Applicable

Zip Country
33914 Lee

Zip Country
33914 Lee

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

6. Name and Address of Current Registered Agent

Columbia Vitale
1616 W. Cape Coral Pkwy
Suite 165
Cape Coral, Florida 33914

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	President	☐ Delete
NAME	Columbia Vitale	
STREET ADDRESS	1616 W. Cape Coral Parkway #165	
CITY-ST-ZIP	Cape Coral, Florida 33914	
TITLE	VPS	☐ Delete
NAME	Columbia Vitale	
STREET ADDRESS	1616 W. Cape Coral Parkway #165	
CITY-ST-ZIP	Cape Coral, Florida 33914	
TITLE	ST	☐ Delete
NAME	Columbia Vitale	
STREET ADDRESS	1616 W. Cape Coral Parkway #165	
CITY-ST-ZIP	Cape Coral, Florida 33914	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Columbia Vitale 4/27/00

Date

Signature Page 1

941-549-9703

CR2E034 (9/99)