

2000 UNIFORM BUSINESS REPORT

4/

DOCUMENT # P99000008478

1. Entity Name

A WHIRLWIND CLEANING COMPANY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-13-2000 90108 048 ***150.00

Principal Place of Business

3063 WINDCHIME CIRCLE EAST
APOPKA FL 32703

Mailing Address

3063 WINDCHIME CIRCLE EAST
APOPKA FL 32703-5900

change to

2. Principal Place of Business

50 ALHAMBRA DR.

Suite, Apt. #, etc.

change to

3. Mailing Address

50 ALHAMBRA DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Merritt Island FL

Zip

32952

Country

USA

City & State

Merritt Island FL

Zip

32952

Country

USA

4. FEI Number

59-356-5713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTERS, WENDY

3063 WINDCHIME CIRCLE EAST
APOPKA FL 32703

50 ALHAMBRA DR
MERRITT ISLAND
FL 32952

Name

WATTERS, WENDY

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

50 ALHAMBRA DRIVE

City

MERRITT ISLAND FL

Zip Code

32952

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

Wendy Watters WENDY WATTERS Owner 3/30/00

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 | D | <input type="checkbox"/> Delete |
| NAME | WATTERS, WENDY | |
| STREET ADDRESS | 3063 WINDCHIME CIRCLE EAST | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| 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 | | |
| 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 | 50 ALHAMBRA DRIVE | |
| CITY-ST-ZIP | Merritt Island, FL 32952 | |
| 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 | | |
| 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:

Wendy Watters WENDY WATTERS Owner 321-4593531
3/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/30/00 Daytime Phone #

CR2E034 (9/99)