

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90556 028 \*\*\*150.00

**DOCUMENT # P99000013027**

1. Entity Name

**BETSY'S CLEANING SERVICE, INC.**

Principal Place of Business

**145 9TH STREET NW  
 NAPLES FL 34120**

Mailing Address

**145 9TH STREET NW  
 NAPLES FL 34120**

2. Principal Place of Business

**4439 23rd PL SW**

Suite, Apt. #, etc.

3. Mailing Address

**4439 23rd PL SW**

Suite, Apt. #, etc.

City & State

**Naples FL**

City & State

**Naples FL**

4. FEI Number

**59-3555073**

Applied For

Not Applicable

Zip

Country

**34116**

Zip

Country

**34116**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ELIZABETH  
 145 9TH STREET NW  
 NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name **Elisabeth Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**4439 23rd PL SW**

City **Naples**

**FL**

Zip Code **34116**

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 **Elisabeth Smith**

**Elisabeth Smith**

**4/30/02**

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, 2002 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 **P** ☐ Delete  
 NAME **SMITH, ELIZABETH**  
 STREET ADDRESS **145 9TH ST NW**  
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Elisabeth Smith**  
 STREET ADDRESS **4439 23rd PL SW**  
 CITY-ST-ZIP **Naples FL 34116**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: **Elisabeth Smith** **Elisabeth Smith** **4/30/02** **941-455-5226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)