

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90007 021 \*\*\*150.00

636880



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000018110</b>			
<b>1. Entity Name</b> <b>AMERICAN CLEANING OF CAPTIVA AND SANIBEL, INC.</b>			
<b>Principal Place of Business</b> 412 SOUTHWEST 34TH STREET CAPE CORAL FL 33914		<b>Mailing Address</b> 412 SOUTHWEST 34TH STREET CAPE CORAL FL 33914-7821	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
SIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name ENNA
			Street Address 412
			City CAPE
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent:</b>			
SIGNATURE [Signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOWARD, ENNIA D 412 SOUTHWEST 34TH STREET CAPE CORAL FL 33914	<input type="checkbox"/> Delete	
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		<b>12.</b>	
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<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04(1)(a), Florida Statutes, because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			