

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019229

1. Entity Name

A-MIDNITE FLOOR & CARPET CLEANING, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90046 039 \*\*\*158.75

Principal Place of Business

Mailing Address

5116 ROANOKE DR  
HOLIDAY FL 34690

5116 ROANOKE DR  
HOLIDAY FL 34690-2149

2. Principal Place of Business

3. Mailing Address

5116 Roanoke Dr.  
Suite, Apt. #, etc:

5116 Roanoke Dr.  
Suite, Apt. #, etc:



DO NOT WRITE IN THIS SPACE

City & State

Holiday FL

City & State

Holiday FL

4. FEI Number

59-1671800

Applied For

Not Applicable

Zip

34690

Country

USA

Zip

34690

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHIE, ERNEST B  
5116 ROANOKE DR  
HOLIDAY FL 34690

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]*  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | MICHIE, ERNEST B             |  |
| STREET ADDRESS | 5116 ROANOKE DR              |  |
| CITY-ST-ZIP    | HOLIDAY FL 34690             |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | ANGEL, KAREN                 |  |
| STREET ADDRESS | 5116 ROANOKE DR              |  |
| CITY-ST-ZIP    | HOLIDAY FL 34690             |  |
| TITLE          | Serry Hancock Vice President | <input type="checkbox"/> Delete            |
| NAME           | 6013 Fall River DR.          |  |
| STREET ADDRESS | New Port Richey, FL 34655    |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | Searne Hancock Treasurer     | <input type="checkbox"/> Delete            |
| NAME           | 6013 Fall River Dr Sec       |  |
| STREET ADDRESS | New Port Richey, FL 34655    |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | Tamara Heindl - off          | <input type="checkbox"/> Delete            |
| NAME           | 5116 Roanoke Dr              |  |
| STREET ADDRESS | Holiday FL 34690             |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| 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    |  |   |
| 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* (Searne Hancock) 2/28/00 727-375-5030