

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026513

1. Entity Name

JENNY'S CLEANING, INC.

Principal Place of Business

4820 SERAFICA DRIVE
LAKE WORTH FL 33461

Mailing Address

4820 SERAFICA DRIVE
LAKE WORTH FL 33461-5506

2. Principal Place of Business

1013 12th Ave South

3. Mailing Address

1013 12th Ave. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

Country

33460 USA

Zip

Country

33460 USA

6. Name and Address of Current Registered Agent

NEWBALL, JENNY
4820 SERAFICA DRIVE
LAKE WORTH FL 33461

Name

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

City Lake Worth

FL

Zip Code

33460

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0921898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OWNER PRESIDENT
Jenny Newball
1013 12th Ave South
Lake Worth, FL 33460

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

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:

Jenny Newball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 (561) 585-4777

Date

Daytime Phone

78

CR2E034 (999)

FILED

00 OCT 16 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA