

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90123 024 \*\*\*150.00

0524369 AV

DOCUMENT # **P99000036999**

1. Entity Name  
**DONNA'S QUALITY CLEANING, INC.**



Principal Place of Business  
**9220 KING ROAD EAST  
FT. MYERS FL 33912**

Mailing Address  
**P.O. BOX 411  
ESTERO FL 33928**



2. Principal Place of Business

3. Mailing Address  
**only mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**I will be moving**

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0915336**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BENTLEY, DONNA M  
9220 KING ROAD EAST  
FT. MYERS FL 33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donna Bentley*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **6/5/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BENTLEY, DONNA M</b>	
STREET ADDRESS	<b>P.O. BOX 411 N/A</b>	
CITY-ST-ZIP	<b>ESTERO FL 33928</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Donna Bentley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/5/03**

Date

**239-980-1829**

Daytime Phone #

CR2E034 (10/02)

attachment

80125370

#~~7990000~~36999

I had called the  
Dept of State 6/15/08  
and let them know I  
just recieved my  
Report

only my mailing address  
can be use I'll be making  
a move and will  
notify as soon as possible

Thank You

Donna Bentley (Pres)

Donna's Quality Cleaning

P.O. Box 411

Ester0, FL 33928