

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90004 031 ***150.00

DOCUMENT # P99000065502

1. Entity Name
QUALITY CLEANING SERVICE OF VENICE, INC.

Principal Place of Business Mailing Address

1587 SUSSEX RD **1587 SUSSEX RD**
VENICE FL 34293 **VENICE FL 34293-4833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1587 Sussex Rd **1587 Sussex Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

VENICE FL **Venice FL**

Zip Country Zip Country

34293 **Sarasota** **34293** **Sarasota**

4. FEI Number Applied For

65-0932455 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WADE, JACQUELYN C
1587 SUSSEX RD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name: **Same**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE	D <input type="checkbox"/> Delete
NAME	WADE, JACQUELYN C
STREET ADDRESS	1587 SUSSEX RD
CITY-ST-ZIP	VENICE FL 34293
TITLE	D <input type="checkbox"/> Delete
NAME	WADE, CHARLES H
STREET ADDRESS	1587 SUSSEX RD
CITY-ST-ZIP	VENICE FL 34293
TITLE	D <input type="checkbox"/> Delete
NAME	WADE, CHARLES H II
STREET ADDRESS	1587 SUSSEX RD
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: Jacquelyn Wade Date: 4/24/00 Daytime Phone #: (941) 497-1037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)