

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068174

1. Entity Name
CANDY'S CLEANING COMPANY, INC.

Principal Place of Business
1403 MCGREGOR PARK CIR.
FORT MYERS FL 33908

Mailing Address

1403 MCGREGOR PARK CIR.
FORT MYERS FL 33908

2. Principal Place of Business
2103 M^oCGREGOR Park CIR
Suite, Apt. #, etc.
FT. MYERS FL

3. Mailing Address
2103 M^oGregor Park CIR
Suite, Apt. #, etc.
FT. MYERS FL

City & State
Zip 33908 Country ZEE

City & State
Zip 33908 Country LEE

4. FEI Number 65-0937821
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, CECILE
1403 MCGREGOR PARK CIR.
FORT MYERS FL 33908

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, 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, 2001 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	NAME	TITLE	NAME
PD	<input type="checkbox"/> Delete HARVEY, CECILE 1403 MCGREGOR PK CIR FORT MYERS FL 33908	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Cecile Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2001 (941)433-4646

Date

Daytime Phone #

00032264



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)