2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P99000085473 1. Entity Name COLES CLEANUP, INC. 05-18-2000 90354 013 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 4326 POST OFFICE BOX 4326 N. FORT MYERS FL 33918-4326 N. FORT MYERS FL 33918 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country__ _ Country \$8.75. Additional Zip 5. Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLES, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 19501 SKIPPER ROAD FT. MYERS FL 33917 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 rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change | ☐ Addition TITLE ☐ Delete TITLE COLES, ROSEMARY NAME NAME POST OFFICE BOX 4326 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. FORT MYERS FL 33918 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE COLES, BRUCE B SR. NAME **POST OFFICE BOX 4326** STREET ADDRESS STREET ADDRESS N/A CITY-ST-ZIP N. FORT MYERS FL 33918 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 with all oth