

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90016 043 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000105577

1. Entity Name

COMMERCIAL MAID MGMT., INC.

Principal Place of Business

Mailing Address

**14004 ROOSEVELT BLVD., STE 611
 CLEARWATER FL 33732**

**14004 ROOSEVELT BLVD., STE 611
 CLEARWATER FL 33732**

2. Principal Place of Business

14004 ROOSEVELT BLVD.

3. Mailing Address

14004 ROOSEVELT BLVD.

Suite, Apt. #, etc.

611

Suite, Apt. #, etc.

611

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3624950

Applied For

Not Applicable

Zip

Country

33762

USA

Zip

Country

33762

USA

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

**WALDON, PATRICIA L
 312 80TH AVE. N.E.
 ST. PETERSBURG FL 33702**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/C/D** ☐ Delete
 NAME **PATRICIA L. WALDON**
 STREET ADDRESS **312 80TH AVE. NE**
 CITY-ST-ZIP **ST. PETE., FL 33702**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T/D** ☐ Delete
 NAME **TOBY D. WALDON**
 STREET ADDRESS **312 80TH AVE. NE**
 CITY-ST-ZIP **ST. PETE., FL 33702**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: PATRICIA L. WALDON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00/727-507-0615
 Date Daytime Phone #

CR2E034 (9/99)