

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43390

1. Entity Name
SCRUB N BUBBLES OF NAPLES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90268 016 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 7224
NAPLES FL 33941-7224

POST OFFICE BOX 7224
NAPLES FL 33941-7224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0246257

Applied For

Not Applicable

Zip 34101-7224 Country

Zip 34101-7224 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

MILLER, CATHERINE M.
241 EVERGLADES BLVD N
NAPLES FL 34120

Name

Street Address (P.O. Box Number is Not Acceptable)

541 Everglades Blvd N.

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 PD
NAME MILLER, CATHERINE M.
STREET ADDRESS 541 EVERGLADES BLVD N
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Catherine M. Thellu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001

Date

941-353-4000

Daytime Phone #

CR2E034 (10/00)