

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90005 032 ***150.00

DOCUMENT # V11164

1. Entity Name

SPARKLE AND SHINE CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

3615 MT TABOR RD
LAKELAND FL 33810
US

P.O. BOX 3417
LAKELAND FL 33802-3417
US

2. Principal Place of Business

2025 Sandford Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

59-3105102

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMP, JON
3615 MT TABOR RD
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name Jon. Camp

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

2025 Sandford Rd

City Lakeland

FL

Zip Code 33801

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

4-27-00

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	M	<input type="checkbox"/> Delete
NAME	CAMP, JON	
STREET ADDRESS	3615 MT TABOR RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMP, CHARLES	
STREET ADDRESS	2025 SANDFORD ROAD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, RANDOLPH	
STREET ADDRESS	9215 EVENING SHADOWS DR	
CITY-ST-ZIP	CHATTANOOGA TN 37421	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAWFORD, VALERIE	
STREET ADDRESS	9215 EVENING SHADOWS DR	
CITY-ST-ZIP	CHATTANOOGA TN 37421	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAMP, TERESA	
STREET ADDRESS	3615 MT TABOR RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 Sandford Rd	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2135 Benford Ave	
CITY-ST-ZIP	Lakeland FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 Sandford Rd	
CITY-ST-ZIP	Lakeland FL 33801	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (813) 665-9312

CR2E034 (9/99)