

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90005 021 ***550.00

DOCUMENT # V13283
 1. Entity Name
SOUTHWEST FLORIDA CLEANING CONTRACTORS, INC. ✓

Principal Place of Business Mailing Address
 1161 STEEVES AVENUE 1161 STEEVES AVENUE
 NAPLES FL 33942 NAPLES FL 33942

2. Principal Place of Business 3. Mailing Address
 2740 Bayshore Dr. P.O. Box 2415
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 3

City & State City & State
 Naples Naples
 Zip Country Zip Country
 34112 Collier 34106 Collier

4. FEI Number Applied For
 65-0320127 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MULLINS, LORI ANN
 1161 STEEVES AVENUE
 NAPLES FL 33942

7. Name and Address of New Registered Agent
 Name LORI A. MULLINS
 Street Address (P.O. Box Number is Not Acceptable) 3693 Bear Lane
 City Naples FL Zip Code 34103

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 *L. Mullins* DATE 8-23-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, LORI ANN 1161 STEEVES AVENUE NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *SCANNED SIGNATURE REQUIRED* DATE 8.23.00 DAYTIME PHONE #

CR2E034 (5/00)