

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90089 014 \*\*\*150.00

**DOCUMENT # V13283**

1. Entity Name  
**SOUTHWEST FLORIDA CLEANING CONTRACTORS, INC.**



Principal Place of Business  
**2740 BAYSHORE DRIVE  
#3  
NAPLES FL 34112**

Mailing Address  
**PO BOX 2415  
NAPLES FL 34106**



2. Principal Place of Business  
**935 5th Ave N.**

3. Mailing Address

**SAME**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Naples Florida**

City & State

4. FEI Number **65-0320127**

Applied For  
Not Applicable

Zip **34102** Country **U.S.**

Zip 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

**MULLINS, LORI ANN  
3693 BELAIR LANE  
NAPLES FL 34103**

Name **Lori Ann Abraham (married name)**  
Street Address (P.O. Box Number is Not Acceptable)  
**3693 Belair Lane**  
**Naples FL 34103**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **A. Abraham** DATE **1.9.03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **MULLINS, LORI ANN**  
STREET ADDRESS **3693 BELAIR LANE**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  
NAME **Lori Ann Abraham (married name)**  
STREET ADDRESS **3693 Belair Lane**  
CITY-ST-ZIP **Naples FL 34103**

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE ABRAHAM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1.9.03**

Daytime Phone #

0035640 AV

CR2E034 (10/02)