

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90123 029 \*\*\*150.00

DOCUMENT #

1. Entity Name

WILL 2 CLEAN INC. PO00000E

**DO NOT WRITE IN THIS SPACE**

636122

2. Principal Place of Business

3. Mailing Address

543 SE SUNNYBROOK TER

543 SE SUNNYBROOK TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ST. LUCIE

PORT ST. LUCIE, FL.

4. FEI Number  
65-0975000

Applied For  
Not Applicable

Zip  
34983

Country  
UNITED STATES

Zip  
34983

Country  
UNITED STATES

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
WILLIAM PICKENS

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

543 SE SUNNYBROOK TER

City  
PORT ST. LUCIE FL Zip Code  
34983

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  WILLIAM PICKENS

DATE  
04-03-02

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PRESIDENT  
WILLIAM PICKENS  
543 SE SUNNYBROOK TER  
PORT ST. LUCIE, FL. 34983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
TIFFINI PICKENS  
543 SE. SUNNYBROOK TER  
PORT ST. LUCIE, FL. 34983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
VICKI L. ADKINS  
2555 MARION CARRINGTON RD.  
MARION, OH. 43302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  WILLIAM PICKENS

Date  
4-3-02

Daytime Phone #  
561-873-1584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)