

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90015 031 ***150.00

DOCUMENT # P00000079527

1. Entity Name
SPARKLEAN OF CENTRAL FLORIDA, INC.

Principal Place of Business
**118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2749 FALLING TREE CIR
 Suite, Apt. #, etc.

3. Mailing Address
2749 FALLING TREE CIR
 Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3664930

Applied For
 Not Applicable

Zip
32837 Country
USA

Zip
32837 Country
USA

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name
BILLIE J MAHONEY
 Street Address (P.O. Box Number is Not Acceptable)
2749 FALLING TREE CIRCLE
 City **ORLANDO** FL Zip Code **32837**

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 *Billie J Mahoney*
Signature, typed or printed name of registered agent and title if applicable

4/25/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **PSD**
DIOGOSTINE, DENISE
 STREET ADDRESS **118 WEST ORANGE STREET**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME **PSD**
DENISE DIOGOSTINE
 STREET ADDRESS **126 TERIWOOD ST**
 CITY-ST-ZIP **FERN PARK, FL 32730**

TITLE Delete
 NAME **VTD**
MAHONEY, BILLIE J
 STREET ADDRESS **118 WEST ORANGE STREET**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME **VTD**
BILLIE J. MAHONEY
 STREET ADDRESS **2749 FALLING TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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 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: *Billie J Mahoney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

407-948-0339
Daytime Phone #

CR2E034 (10/00)