

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 027 ***150.00

0391777 AV

DOCUMENT # P01000078711

1. Entity Name
AMERICLEAN SYSTEMS, INC.



Principal Place of Business
**3887 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address
**PO BOX 17247
WEST PALM BEACH FL 33416**



2. Principal Place of Business
3887 10th Ave N

3. Mailing Address
P.O. Box 17247

Suite, Apt. #, etc.
Lake worth FL

Suite, Apt. #, etc.
West Palm Beach FL

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1132171**

Applied For
 Not Applicable

Zip **33461** Country **United States**

Zip **33416** Country **United States**

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.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145**

Name **Spiegel & Utrera**
Street Address (P.O. Box Number is Not Acceptable): **1840 SW 22nd**
City **MIAMI FL** Zip Code **33145**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BRITTO, COREY D 3887 10TH AVENUE NORTH LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BRITTON, SAWANDA D 3887 10TH AVENUE NORTH LAKE WORTH FL 33461	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SPIEGEL & UTRERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 **561-969 6740**
Date Daytime Phone #

CFR2E034 (10/02)