

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 591151

FILED
Jan 18, 2003
Secretary of State

Entity Name: THE CLEAN SWEEP SHOP, INC.

Current Principal Place of Business:

11828 CHESTNUT AVE.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

921 PARK AVENUE
LAKE PARK, FL 33403

Current Mailing Address:

11828 CHESTNUT AVE.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-1878600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPPER, NANCY
11828 CHESTNUT AVE
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOPPER, WAYNE E.,
Address: 11828 CHESTNUT AVENUE
City-St-Zip: PALM BCH GARDENS, FL

Title: VST () Delete
Name: TOPPER, NANCY,
Address: 11828 CHESTNUT AVENUE
City-St-Zip: PALM BCH GARDENS, FL

Title: D () Delete
Name: TOPPER, NANCY,
Address: 11828 CHESTNUT AVENUE
City-St-Zip: PALM BEACH GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOPPER, WAYNE E.,
Address: 11828 CHESTNUT AVENUE
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VST (X) Change () Addition
Name: TOPPER, NANCY,
Address: 11828 CHESTNUT AVENUE
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M. TOPPER

VST

01/18/2003

Electronic Signature of Signing Officer or Director

_____ Date