

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000003659**

1. Entity Name

**CLEAN-RITE ENVIRONMENTAL INC.****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90161 015 \*\*\*150.00

Principal Place of Business

**6900 MOFFETT ROAD  
MOBILE AL 36618**

Mailing Address

**PO BOX 643  
SEMMES AL 36575**

2. Principal Place of Business

**1335 Hwy. 43 South**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Saraland, Al.**

City &amp; State

Zip

**36571**

Country

**Mobile**

Zip

Country

4. FEI Number

**63-0845558**

Applied For

Not Applicable

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

**C-T-CORPORATION-SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

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.

SIGNATURE

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) ☐**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUMMERS, EDDIE</b>	
STREET ADDRESS	<b>6900 MOFFETT ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL 36618</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SUMMERS, LINDA</b>	
STREET ADDRESS	<b>6900 MOFFETT ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL 36618</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eddie Summers</b>	
STREET ADDRESS	<b>1335 Hwy. 43 S.</b>	
CITY-ST-ZIP	<b>Saraland, Al. 36571</b>	
TITLE	<b>V.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda Summers</b>	
STREET ADDRESS	<b>1335 Hwy. 43 S</b>	
CITY-ST-ZIP	<b>Saraland, Al. 36571</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)