

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90268 029 \*\*\*150.00

DOCUMENT # J94027

1. Entity Name  
KLEEN-KORP SERVICES, INC.



Principal Place of Business

% RICHARD S. WALTER  
561 DRAWDY WAY  
SEBASTIAN FL 32958

Mailing Address

% RICHARD S. WALTER  
561 DRAWDY WAY  
SEBASTIAN FL 32958

11018222



2. Principal Place of Business

10949 US #1

3. Mailing Address

10949 US #1

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

City & State  
SEBASTIAN, FL

City & State  
SEBASTIAN, FL

4. FEI Number 59-2844448

Applied For

Not Applicable

Zip

32958

Country

USA

Zip

32958

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WALTER, RICHARD S.  
561 DRAWDY WAY  
SEBASTIAN FL 32958

New Address  
→ only →

7. Name and Address of New Registered Agent

Name

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

10949 US #1

Suite 15

City, State, Zip Code  
SEBASTIAN, FL FL 32958

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

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

TITLE D ☐ Delete  
NAME WALTER, RICHARD S.  
STREET ADDRESS 10949 US #1 STE 15  
CITY-ST-ZIP SEBASTIAN FL 32958-8417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03 772-588-7286

CR2E034 (10/02)