

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90434 027 ***150.00

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

DOCUMENT # K59718			
1. Entity Name SADA-CLEAN SERVICES, INC. 4411 BEE RIDGE RD, #323 ✓ SARASOTA, FL 34232			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4450 BROOKSDALE DR Suite, Apt. #, etc.		3. Mailing Address 4450 BROOKSDALE DR Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34232		Zip 34232	
Country SARASOTA		Country SARASOTA	
4. FEI Number 65-0090989		Appl. For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MICHAEL J RYAN			
Street Address (P.O. Box Number is Not Acceptable) 4450 BROOKSDALE DR			
City SARASOTA FL Zip Code 34232			
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 _____ (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) <input type="checkbox"/>			
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PRESIDENT MICHAEL J RYAN 4450 BROOKSDALE DR SARASOTA, FL 34232			
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Michael J Ryan</i>		4/29/02 941 3715572	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)