

2000 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # K99142

1. Entity Name

CLEAN SWEEP PAINTING AND PRESSURE CLEANING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90160 039 ***150.00

Principal Place of Business 12167 ORANGE BLVD WEST PALM BEACH FL 33412 US		Mailing Address 1216 ORANGE BLVD WEST PALM BEACH FL 33412 US		 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0141663
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARNOLD, RUTH 12817 ORANGE BLVD WEST PALM BEACH FL 33412			7. Name and Address of New Registered Agent 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May E Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D ARNOLD, RUTH L. 12167 ORANGE BLVD ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D ARNOLD, VAUGH 12167 ORANGE BLVD ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D LIFSHITZ, BARBRA 166 MEADOWLARK DR ROYAL PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D LIFSHITZ, MICHAEL 12621 WESTHAMPTON CIR. WELLINGTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP

I 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 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, 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 #