

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90061 016 \*\*\*150.00

**DOCUMENT # L74148**

1. Entity Name

**CLEAN IMAGE SERVICES, INC.**

Principal Place of Business

Mailing Address

**410 SB JEFFERSON ST.  
 TAMPA FL 33602  
 US**

**P O BOX 421  
 TAMPA FL 33601  
 US**

2. Principal Place of Business

3. Mailing Address

**509 STRATFIELD DR**

**509 STRATFIELD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lutz, FL**

**Lutz, FL**

Zip  
**33549**

Country  
**HILLSBOROUGH**

Zip  
**33549**

Country  
**HILLSBOROUGH**

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

**SHANNON, ROY J.  
 17113 RAINBOW TERRACE  
 ODESSA FL 33556**

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

*Roy J. Shannon*

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

(NOTE: Registered Agent signature required when reinstating)

**12/31/2000**

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 **D** ☐ Delete  
 NAME **SHANNON, ROY J.**  
 STREET ADDRESS **17113 RAINBOW TERRACE**  
 CITY-ST-ZIP **ODESSA FL**

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

TITLE **D** ☐ Delete  
 NAME **SHANNON, AUDREY L.**  
 STREET ADDRESS **17113 RAINBOW TERRACE**  
 CITY-ST-ZIP **ODESSA FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Roy J. Shannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/31/2000 813 909-8406**

Date

Daytime Phone #

CR2E034 (10/00)

0339452