

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003624

1. Entity Name

CLEANUP & GREENUP, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90071 004 ****61.25

Principal Place of Business

Mailing Address

2144 SUNNYDALE BLVD.
CLEARWATER FL 33765

2144 SUNNYDALE BLVD.
CLEARWATER FL 33765-1276

2. Principal Place of Business

210 So. Pinella Ave.

3. Mailing Address

same

Suite, Apt. #, etc.

#172

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

4. FEI Number

59-3199029

Applied For

Not Applicable

Zip

34689

Country

Pinellas

Zip

Country

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

LAPORTE, ANTHONY
2144 SUNNYDALE BLVD.
CLEARWATER FL 33765

Name

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

210 So. Pinellas Ave. #172

City

Tarpon Springs

FL

Zip Code

34689

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

Anthony J. LaPorte, Sec/Treas.

3/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HANIFF, SAMEERA
STREET ADDRESS 2144 SUNNYDALE BLVD.
CITY-ST-ZIP CLEARWATER FL 33765

TITLE PD ☒ Change ☐ Addition
NAME McCoo, Seymon
STREET ADDRESS 210 So. Pinellas Ave. #172
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE VPD ☐ Delete
NAME GREY, ANDREW
STREET ADDRESS 2144 SUNNYDALE BLVD.
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE STD ☐ Delete
NAME LAPORTE, ANTHONY
STREET ADDRESS 2144 SUNNYDALE BLVD.
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 617, 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:

Anthony J. LaPorte, Sec/Treas.

3/13/00 727-937-9823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)