

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90175 012 ****61.25

DOCUMENT # N96000000458

1. Entity Name

LAKELAND CLEAN AND BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

407 FAIRWAY AVE.
 LAKE LAND FL 33801

407 FAIRWAY AVE.
 LAKE LAND FL 33801

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

59-3252884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, JOHN P
WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKE LAND FL 33813

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

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	<input checked="" type="checkbox"/> Delete
NAME	KONDELIN, GEORGE	
STREET ADDRESS	228 S MASSACHUSETTS AVE	
CITY-ST-ZIP	LAKE LAND FL 33801	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, CYNTHIA	
STREET ADDRESS	1125 DOROTHY ST	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SPENCE, MARIA	
STREET ADDRESS	3951 CYPRESS LANDING W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SIEGEL, SHARON	
STREET ADDRESS	407 FAIRWAY AVE.	
CITY-ST-ZIP	LAKE LAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, CYNTHIA	
STREET ADDRESS	1125 DOROTHY STREET	
CITY-ST-ZIP	LAKE LAND, FL 33813	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE POSTELL	
STREET ADDRESS	228 S. MASSACHUSETTS AVE	
CITY-ST-ZIP	LAKE LAND, FL 33801	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET LANDON	
STREET ADDRESS	900 OLD COMBEE ROAD	
CITY-ST-ZIP	LAKE LAND, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sharon L. Siegel* **REQU** **SHARON L. SIEGEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-02 **823-603-6307**
 Date Daytime Phone #

CR2E037 (9/01)