2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P0000050785 **Secretary of State** 1. Entity Name CLEANING CONCEPTS, INC. 03-08-2001 90116 004 ***150.00 Principal Place of Business Mailing Address 20312 E PENNSYLVANIA AVENUE 20312 E PENNSYLVANIA AVENUE **DUNNELLON FL 34432 DUNNELLON FL 34432** 3. Mailing Address 2. Principal Place of Business 9310 SW 21974 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3652831 Applied For City & State City & State DUNELLON DUNNELLON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ·USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARPENTER, SUSAN Number is Not Acceptable) 20312 E PENNSYLVANIA AVENUE **DUNNELLON FL 34432** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Addition TITLE Delete TITLE Change CARPENTER, SUSAN NAME CARPENTER, SUSAN NAME 9310 SW 219TH G STREET ADDRESS STREET ADDRESS 20312 E PENNSYLVANIA AVENUE DUNNELLON PL 34431 CITY-ST-ZIP CITY-ST-7IP **DUNNELLON FL 34432** TITLE ☐ Delete TITLE Change ☐ Addition CARPENTER, JOHN NAME CARPENTER, JOHN NAME 7520 SW20478 STREET ADDRESS STREET ADDRESS 20312 E PENNSYLVANIA AVENUE CITY-ST-7IP CITY-ST-ZIP **DUNNELLON FL 34432** DUNNELLON TITLE Change Change ☐ Addition Delete -TITLE = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.