


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90046 043 ***150.00

DOCUMENT # P00000061084

1. Entity Name
KLEENEDGE, INC.



Principal Place of Business
**3869 WOODMERE PARK BLVD., NO. 8
VENICE FL 34239**

Mailing Address
**3869 WOODMERE PARK BLVD., NO. 8
VENICE FL 34239**



2. Principal Place of Business
**2323 BURLINGTON ST.
NORTH PORT FL 34286**

3. Mailing Address
**Same, 2323 BURLINGTON ST.
NORTH PORT FL 34286**

CHECK HERE IF MAKING CHANGES

City & State
NORTH PORT FL

City & State
NORTH PORT FL

Zip
34286

Country
SARASOTA

4. FEI Number
65-1020538

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CHARLES, ANDREA I
3869 WOODMERE PARK BLVD., NO. 8
VENICE FL 34239**

7. Name and Address of New Registered Agent
Name
Andrea I Charles
Street Address (P.O. Box Number is Not Acceptable)
**2323 Burlington St
City North Port FL Zip Code 34286**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Andrea I Charles** (NOTE: Registered Agent signature required when reinstating.) DATE **1/17/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, SR., HUGUE MR. 3869 WOODMERE PARK BLVD., NO. 8 VENICE FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, ANDREA I MRS. 3869 WOODMERE PARK BLVD., NO. 8 VENICE FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **Andrea I Charles**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/17/03** DAYTIME PHONE #: **941-423-4240**

CR2E034 (10/02)