2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000061770 **DOCUMENT #**

1. Entity Name



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

NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32175-0931 CITY-ST-ZIP VD CHANGE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32175-0931 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEALTH	Y CLEAN, INC.				03 21 2003 70	1111012	150	.00
Suite, Apt. #, oto. Suite Suite, Apt. #, etc. Country Suite, Apt. #, etc. A. FEI Number 59-3854764 Applicable Not Applicable	19 N. YONGI LOT #9	E ST.	5-0931						
City & State Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Feel People \$8.75 Additional Feel Peopl	Principal Place of Business Address Mailing Address								
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING (CHANGES	
So Name and Address of Current Registered Agent So Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To Up FL Zip Code Somewhall Registered Agent To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) To Up FL Zip Code To Up FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent of seal familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorids. I am familiar with, and accept the agent ag	City & State		City & State		4.	FEI Number 59-3654764	_		-
S. Name and Address of Current Registered Agent Name and Address of New Registered Agent	Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add	litional
LOACHRIDGE, GERALD 19 N. YONGE ST. LOT #9 ORMOND BEACH FL 32174 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE BIRET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32175-0931 DIVENTS-1-2P ORMOND BEACH FL 32175-0931 DIVENTS-1-2P ORMOND BEACH FL 32175-0931 DIVENTS-1-2P ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 Delete INVE STREET ADDRESS OFFI-ST-ZP ORMOND BEACH FL 32174 DELETE ORMOND BE		6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Reg		_ '	-
Sirect Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				- Name			<u></u>		
ORMOND BEACH FL 32174 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. I am familiar with, and accept the obligations of registered agent. 33/2/0/3 SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD LOACHRIDGE, GERALD L STREET ADDRESS ORMOND BEACH FL 32175-0931 TITLE VD LOACHRIDGE, ANNETTE LOACHRIDGE, ANNETTE LOACHRIDGE, ANNETTE LOACHRIDGE, ANNETTE STO WHITE, ROBERT D STREET ADDRESS ORMOND BEACH FL 32174 TITLE WAVE STREET ADDRESS ORMOND SEACH FL 32174 TITLE WAVE STREET ADDRESS ORMOND SEACH FL 32174 TITLE WAVE STREET ADDRESS ORMOND STREET ADDRESS ORMOND SEACH FL 32174 TITLE WAVE STREET ADDRESS ORMOND	19 N. YONGE ST.			Street Addres	ss (P.O.	Box Number is Not Acceptable)			
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and acceptions of registered agent. SIGNATURE Signature, your opmost primare are guestions of programme of superior primare and registered agent and tits a supplication. FILE, NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME LOACHRIDGE, GERALD L SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32175-0931 UNC-ST-2IP ORMOND BEACH FL 32175-0931 UNC-ST-2IP ORMOND BEACH FL 32175-0931 UNC-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP ORMOND BEACH FL 32174 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Change Addition Add								,	
SIGNATURE SIGNATURE	ORMOND	BEACH FL 32174		City		ę	FL	Zip Cod	9
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TITLE NAME NAME NAME NAME NAME NAME NAME NAME	Afte	r May 1, 2003 Fee will be \$550.00	State	. يوني منسود بيا				\$5.0 Added	O May Be to Fees
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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:

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