2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000071513

1. Entity Name

REAL CLEAN, INC.



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

03-24-2003 90212 014 ***150.00

						COD WE THE						
Principal Place of Business 6857 LONG NEEDLE CT ORLANDO FL 32800			6857	Mailing Address 6857 LONG NEEDLE CT ORLANDO FL 32800								
2. Principal Place of Business				3. Mailing Address				 		ii (100) D ai a t 11	 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				59-3660093		<u> </u>	plied For t Applicable	
Zip Country			Zip		Coun	5. Certificate		Certificate of Status Desired	d D \$8.75 Additional Fee Required			
	6. Name	and Address of Curren	t Registere	jistered Agent			7. 1	7. Name and Address of New Registered Agent				
Name												
Lopez, Edgardo L 6857 Long Needle CT				Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
	FL 32800	01						· · · · · · · · · · · · · · · · · · ·				
UKLANDU	FL 32000								Cain Card			
					City			FL	Zip Code	,		
	named entity ions of regist		or the purp	ose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Florid	da. I am far	niliar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ager	and title if app	olicable. (NOT	E: Registere	d Agent signature requ	uired when re	einstating)	DATE			
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00	of State			-		Election Campaign Finar Trust Fund Contribution.	ncing		May Be to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.							A.F	DDITIONS/CHANGES TO OFFIC	EBS AND F	NRECTORS	S IN 11	
10.	I D	OFFICERS ANI	DIRECTO		11.	-	AL	DITIONS/CHANGES TO GITTE		Change	☐ Addition	
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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:

SIGNATURE AND TYPED OR PRINTED MANY OF SIGNING OF FICER OR DIRECTOR

<u> 3/21/03</u>

Daytime Phone #