

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 8:00 am**
Secretary of State

03-20-2001 90011 013 ***150.00

DOCUMENT # P00000078794**1. Entity Name**
SPIC & SPAN INC.**Principal Place of Business**
7708 HIGHWATER DR F1-
NEW PORT RICHEY FL 34655**Mailing Address**
7708 HIGHWATER DR F1-
NEW PORT RICHEY FL 34655**2. Principal Place of Business****3637 Player Dr.**
Suite, Apt. #, etc.**3. Mailing Address****3637 Player Dr.**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number****59-3666025****Applied For****Not Applicable****Zip****Country****Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****REYNOLDS, DEBRA A**
7708 HIGHWATER DR F1
NEW PORT RICHEY FL 34655**Name****Reynolds, Debra A****Street Address (P.O. Box Number is Not Acceptable)****3637 Player Dr.****City****New Port Richey****FL****Zip Code****34655****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**9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete
NAME **REYNOLDS, DEBRA A**
STREET ADDRESS **7708 HIGHWATER DR F1**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655****TITLE** **P** ☒ Change ☐ Addition
NAME **Reynolds, Debra A**
STREET ADDRESS **3637 Player Dr.**
CITY-ST-ZIP **New Port Richey FL 34655****TITLE** **V** ☐ Delete
NAME **REYNOLDS, DOUGLAS P**
STREET ADDRESS **7708 HIGHWATER DR F1**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655****TITLE** **V** ☒ Change ☐ Addition
NAME **Reynolds, Douglas P.**
STREET ADDRESS **3637 Player Dr.**
CITY-ST-ZIP **New Port Richey FL 34655****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #****3-77-01 376-0393**

CR2E034 (10/00)