

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-07-2003 90307 012 ***150.00

DOCUMENT # P00000082104

1. Entity Name

SQUEAKY CLEAN OF ALTAMONTE SPRINGS, INC.



Principal Place of Business
**433 E OAKHURST STREET
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**433 E OAKHURST STREET
ALTAMONTE SPRINGS FL 32701**

55051556



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2266116**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ERNEST
433 E OAKHURST STREET
ALTAMONTE SPRINGS FL 32701**

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **BROWN, ERNEST**
STREET ADDRESS **433 E OAKHURST STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03 **(407) 830-8595**
Date Daytime Phone #

CR2004 (4/03)

Altamonte
5505/556
SQUEAKY CLEAN #P0000082104
OF ALTAMONTE SPRINGS

7/1/03

Florida Department of State
Tallahassee, Florida

To whom it may concern:

We were quite surprised today to find in our mail this report from the Division of Corporations. We had not previously received the earlier notice. We are therefore requesting the late fee be waived. Enclosed is our payment for \$150.00.

Sincerely,



Ernest F. Brown
President
Squeaky Clean of Altamonte Springs, Inc.

