

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90407 004 ***158.75

DOCUMENT # P00000082307

1. Entity Name
CLEANALL, INC.

Principal Place of Business
3874 48TH AVE. S
ST PETERSBURG FL 33711

Mailing Address
3874 48TH AVE. S
ST PETERSBURG FL 33711

2. Principal Place of Business
4475 F ASHTON RD.
 Suite, Apt. #, etc.

3. Mailing Address
4475 F ASHTON RD.
 Suite, Apt. #, etc.

City & State
SARASOTA FLA.

City & State
SARASOTA FLA.

4. FEI Number **59-3665682**

Applied For
☐ **Not Applicable**

Zip
34233

Country

Zip
34233

Country

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

6. Name and Address of Current Registered Agent

MINSKY, CRAIG
112 S ARMENIA AVE.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **Robert Brown**
Street Address (P.O. Box Number is Not Acceptable)
4475 F ASHTON RD.
City **SARASOTA** **FL** **Zip Code** **34233**

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 *Robert Brown*
 Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/15/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **MATTHES, DAVID J**
STREET ADDRESS **3874 48TH AVE. S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☒ **Addition**
NAME **Robert R. Brown**
STREET ADDRESS **4896 OAK POINTE WAY**
CITY-ST-ZIP **SARASOTA, FLA 34233**

TITLE **VP** ☒ **Change** ☐ **Addition**
NAME **Sophia L. Brown**
STREET ADDRESS **4896 OAK POINTEWAY**
CITY-ST-ZIP **SARASOTA, FLA. 34233**

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Robert R. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)