

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084524

1. Entity Name

KLEEN MACHINE DETAILING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90426 015 ***150.00

Principal Place of Business
4406 EXCHANGE AVENUE #117
NAPLES FL 34104

Mailing Address
4406 EXCHANGE AVENUE #117
NAPLES FL 34104

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

65-1037453

Applied For

Not Applicable

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

~~CORPORATION SERVICE COMPANY~~
~~4201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

Daniel A. Doane
4406 Exchange Ave.
#117
Naples, FL 34104

Name Daniel A. Doane

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

4406 Exchange Ave. #117

City Naples

FL

Zip Code

34104

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.

Daniel A. Doane
Registered Agent

(NOTE: Registered Agent Signature required when reinstating)

4-23-01

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 ~~D P~~
NAME DOANE, DANIEL A
STREET ADDRESS 4406 EXCHANGE AVENUE #117
CITY-ST-ZIP NAPLES FL 34104 ☒ Delete

TITLE ☒ Change ☐ Addition
NAME Daniel A. Doane
STREET ADDRESS 4406 Exchange Ave. #117
CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 807, 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

Daniel A. Doane
President

4-23-01

Date

941-643-3382

Daytime Phone #

CR2E034 (10/00)

0395619