

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-19-2001 90099 030 ***158.75

DOCUMENT # P00000095385			
1. Entity Name CLEAN AS A WHISTLE, INC.			
Principal Place of Business 806 PARK BOULEVARD OLDSMAR FL 34677		Mailing Address 606 PARK BOULEVARD OLDSMAR FL 34677	
2. Principal Place of Business 606 Park Blvd.		3. Mailing Address P.O. Box 1547	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677	Country Pineellas	Zip 34677	Country Pineellas
4. FEI Number 59-3675223		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAMORDER, DENISE 606 PARK BOULEVARD OLDSMAR FL 34677		7. Name and Address of New Registered Agent 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. SIGNATURE <u><i>Denise Lamorder</i></u> DATE <u>1-10-01</u> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMORDER, DENISE 606 PARK BOULEVARD OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Denise Lamorder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-10-01</u> <u>813-855-8461</u> <small>Date Daytime Phone #</small>	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)