

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90045 023 ***150.00

DOCUMENT # P00000100052

1. Entity Name
YCG CLEAN INC.

Principal Place of Business

**1756 S. CLYDE MORRIS BLVD #1103
DAYTONA BEACH FL 32119**

Mailing Address

**1756 S. CLYDE MORRIS BLVD #1103
DAYTONA BEACH FL 32119**

2. Principal Place of Business

**1756 S. Clyde Morris Blvd
Suite, Apt. #, etc.
#1103 Daytona Beach, FL
City & State**

3. Mailing Address

**1756 S. Clyde Morris Blvd
Suite, Apt. #, etc.
#1103 Daytona Beach, FL
City & State**



DO NOT WRITE IN THIS SPACE

Zip
32119

Country
Volusia

Zip
32119

Country
Volusia

4. FEI Number

59-3680602

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIL, CHIYON
1756 S. CLYDE MORRIS BLVD #1103
DAYTONA BEACH FL 32119**

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 **CHIYON KIL**

4/25/01
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

TITLE Manager	<input type="checkbox"/> Delete
NAME Youngsuk Kil	
STREET ADDRESS 1756 S. Clyde Morris Blvd. #1103	
CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE Employee	<input type="checkbox"/> Delete
NAME Shirley Ray	
STREET ADDRESS 1111 Kennedy Court APT #6	
CITY-ST-ZIP Titusville, FL 32780	
TITLE Employee	<input type="checkbox"/> Delete
NAME Kyoung Soo Kim	
STREET ADDRESS P.O. Box 14228	
CITY-ST-ZIP Daytona Beach, FL 32114	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CHIYON KIL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (904) 760-1713
Date Daytime Phone #

CR2E034 (10/00)