

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0116272 AV

DOCUMENT # P01000015050

1. Entity Name

TRUE-CLEAN & MAINTENANCE, INC.

04-16-2002 90157 041 ***150.00

Principal Place of Business

**886 SEVEN GABLES CIR. SE
 PALM BAY FL 32909**

Mailing Address

**886 SEVEN GABLES CIR. SE
 PALM BAY FL 32909**

80067260



2. Principal Place of Business

886 Seven Gables Circle
 Suite, Apt. #, etc.

3. Mailing Address

886 Seven Gables Circle
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SE. Palm Bay,

City & State

SE. Palm Bay FL 32909

4. FEI Number

59-3896512

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

32909

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUEX, RONALD

**886 SEVEN GABLES CIR. SE
 PALM BAY FL 32909**

7. Name and Address of New Registered Agent

Name **Jessica Truex**

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

886 Seven Gables Circle SE

Palm Bay FL

FL

32909

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

Ronald J. Truex
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **TRUEX, RONALD**
 STREET ADDRESS **886 SEVEN GABLES CIR. SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ Delete
 NAME **TRUEX, JESSICA**
 STREET ADDRESS **886 SEVEN GABLES CIR. SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Ronald J. Truex
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 (321) 543-8173

CR2E034 (9/01)