

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90034 016 \*\*\*550.00

**DOCUMENT # P01000035856**

1. Entity Name  
**ENVIROCLEAN SERVICES INC.**



Principal Place of Business  
**5620 20TH WAY S. #2  
ST. PETERSBURG FL 33712**

Mailing Address  
**5620 20TH WAY S. #2  
ST. PETERSBURG FL 33712**

2. Principal Place of Business

**1215 5th STREET S.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 15026**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG FL**

4. FEI Number  
**59-3713139**

Applied For  
☐ Not Applicable

Zip  
**33701**

Country  
**USA**

Zip  
**33733-5026**

Country  
**USA**

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

**WRIGHT, TIMOTHY M  
5620 20TH WAY S. #2  
ST. PETERSBURG FL 33712**

Name  
**TIMOTHY M. WRIGHT**

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

**1215 5th STREET SOUTH**

City  
**ST. PETERSBURG**

FL

Zip Code  
**33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, KIMBERLY Y</b>	
STREET ADDRESS	<b>5620 20TH WAY S. #2</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, TIMOTHY M</b>	
STREET ADDRESS	<b>5620 20TH WAY S. #2</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1215 5th STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1215 5th STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Timothy M. Wright**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)