

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90658 034 ***150.00

DOCUMENT # P01000036826

1. Entity Name
CLEANMAX INC.



Principal Place of Business
825 QUAIL HOLLOW DR
ORLANDO FL 32825
US

Mailing Address
825 QUAIL HOLLOW DR
ORLANDO FL 32825
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 32773 **3. Mailing Address** SANFORD, FL
106 OAKRIDGE CT. SANFORD FL 106 OAKRIDGE CT. 32773

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD FL

4. FEI Number 59-3717084

Applied For
Not Applicable

Zip 32773 **Country** USA

Zip 32773 **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

PAUNA, ANNAMARIA
825 QUAIL HOLLOW DR
ORLANDO FL 32825

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 P ☐ Delete
NAME PAUNA, ANNAMARIA
STREET ADDRESS 825 QUAIL HOLLOW DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE P ☒ Change ☐ Addition
NAME PAUNA, ANNAMARIA
STREET ADDRESS 106 OAKRIDGE, CT.
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ 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: ANNA MARIA PAUNA **ANNAMARIA PAUNA** 03-22-03 407-375-8941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)