

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90063 048 \*\*\*150.00

**DOCUMENT # P01000072839**

1. Entity Name

**SUPER CLEAN WATER INC.**

Principal Place of Business

Mailing Address

**495 FIRST ST  
 GENEVA FL 32732**

**495 FIRST ST  
 GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando, Florida**

**Orlando, Florida**

Zip

Country

Zip

Country

**32833**

**SEMINOLE**

**32833**

**SEMINOLE**

4. FEI Number

**36 446 5728**

Applied For

Not Applicable

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

**BLACKMORE, NELSON  
 495 FIRST ST  
 GENEVA FL 32732**

Name

**DAVID HANDLEY**

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

**20629 MALLARD PARKWAY**

City

**Orlando, FL.**

FL

**32833**

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: **David Handley**

**David Handley**

**4-6-02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DR** ☒ Delete  
 NAME **BLACKMORE, NELSON**  
 STREET ADDRESS **495 FIRST ST**  
 CITY-ST-ZIP **GENEVA FL 32732**  
**Sold all interest NO LONGER OWNER OFFICER**

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

TITLE **DV** ☐ Delete  
 NAME **HANDLEY, DAVID**  
 STREET ADDRESS **20629 MALLARD PWY**  
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☒ Change ☐ Addition  
 NAME **DP HANDLEY, DAVID**  
 STREET ADDRESS **20629 MALLARD PARKWAY**  
 CITY-ST-ZIP **ORLANDO, FL 32833**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE: **David Handley** **David Handley** **4-6-02** **407 568-6040**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)