

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90200 001 ***211.25

DOCUMENT # **001000091391**
1. Entity Name **Neighborhood Cleaners of the Treasure Coast Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1217 AVE D
Suite, Apt. #, etc.
City & State **Fort Pierce**
34950 Country
3. Mailing Address
1555 14th Ave
Suite, Apt. #, etc.
218
City & State **Vero Beach FL**
Zip **32960** Country

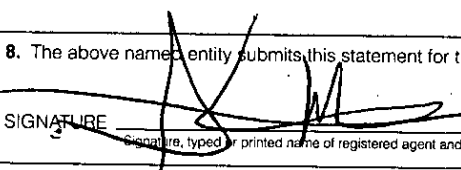
DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Steven McCreary**
Street Address (P.O. Box Number is Not Acceptable) **1555 14th Ave / 218**
City **Vero Beach** FL Zip Code **32960**

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 
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Steven McCreary 1555 14th Ave Vero Beach FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Steven McCreary 1555 14th Ave Vero Beach FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Steven McCreary 1555 14th Ave Vero Beach FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven McCreary

4-30-02

Date

Daytime Phone #