

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90260 050 ***150.00

DOCUMENT # **P01000092871**

1. Entity Name
GOLF CLEAN, INC.



Principal Place of Business
**5122 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652**

Mailing Address
**5122 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652**



2. Principal Place of Business
6803 INDUSTRIAL AVE

3. Mailing Address
6803 INDUSTRIAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PORT RICHEY FL

City & State
PORT RICHEY FL

4. FEI Number **59-3747629**

Applied For
☐ Not Applicable

Zip Country
34668 2

Zip Country
34668

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FEIST, LAWRENCE J
5122 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6803 INDUSTRIAL AVE
City **PORT RICHEY** FL Zip Code **34668**

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

Lawrence J. Feist
LAWRENCE J. FEIST

02/11/03

Signature, typed or printed name of registered agent and the name of the 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 NAME STREET ADDRESS CITY-ST-ZIP | P FEIST, LAWRENCE J 5122 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HESECK-BUSHEY, SYLVIA J 5122 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6803 INDUSTRIAL AVE PORT RICHEY FL 34668 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6803 INDUSTRIAL AVE PORT RICHEY FL 34668 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Lawrence J. Feist
LAWRENCE J. FEIST

02/11/03

727-842-2728

Date

Daytime Phone #

X9

CR2E034 (10/02)