

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103621

1. Entity Name

SQUEAKY CLEAN SERVICE INC.

Principal Place of Business

4730 SENANDER CRES.
LAKELAND FL 33810

Mailing Address

4730 SENANDER CRES.
LAKELAND FL 33810

2. Principal Place of Business

4730 Senander Cres.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland

City & State

4. FPL Number

39-3749490

Applied For

Not Applicable

Zip

33810

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, CARSHA I
4730 SENANDER CRES.
LAKELAND FL 33810

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, CRASHA I	
STREET ADDRESS	4730 SENANDER CRES.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, FREDDIE	
STREET ADDRESS	4730 SENANDER CRES.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, EULA	
STREET ADDRESS	4730 SENANDER CRES.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, CARSHA I	
STREET ADDRESS	4730 SENANDER CRES.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90123 031 ***150.00

36101



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)