

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91447 049 ***150.00

0430426 AV

DOCUMENT # P02000040498

1. Entity Name

CONSTRUCTION CLEANERS USA, INC.



Principal Place of Business

**169 ROOT TRAIL
PALM BEACH FL 33480**

Mailing Address

**169 ROOT TRAIL
PALM BEACH FL 33480**

2. Principal Place of Business

277 ROYAL POINCIANA

3. Mailing Address

WAY

Suite, Apt. #, etc.

124

Suite, Apt. #, etc.

PALM BEACH, FL.

City & State

PALM BEACH, FL.

City & State

33480

Zip

USA

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4. FEI Number

04-3650602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RADFORD, JOHN

169 ROOT TRAIL

PALM BEACH FL 33480

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. 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

TITLE **PD** ☐ Delete

NAME **RADFORD, CHARLES J**

STREET ADDRESS **169 ROOT TRAIL**

CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29/03

Date

800-514-7841

Daytime Phone #

CR2E034 (10/02)