

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 025 ***550.00

DOCUMENT # P02000062986

1. Entity Name
KEEP IT CLEAN & GREEN, INC.



Principal Place of Business
**1003 TIMBER LANE
LAKE WORTH FL 33463**

Mailing Address
**1003 TIMBER LANE
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

P.O. Box 542021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Worth

City & State

City & State

Florida

Zip

Country

Zip

Country

33454

USA

4. FEI Number

40-3677800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, SCOTT ESQ.
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **MILLER, JEFFREY S**
STREET ADDRESS **1003 TIMBER LANE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **V** ☐ Change ☒ Addition
NAME **Miller, Mary**
STREET ADDRESS **1003 Timberlane**
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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)

Date

Daytime Phone #

7-28-03

CR2E034 (4/03)