

FILED  
Jun 11, 2003 8:00 am  
Secretary of State

05-05-2003 90395 027 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068071

1. Entity Name  
TRI-KLEANS PRODUCTS, INC.



Principal Place of Business  
1109 E. OSBORNE AVENUE  
TAMPA FL 33603

Mailing Address  
1109 E. OSBORNE AVENUE  
TAMPA FL 33603

33047619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2620997

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

KIRKLAND, SAMUEL O SR.  
1109 E. OSBORNE AVENUE  
TAMPA FL 33603

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 P  
NAME KIRKLAND, SAMUEL O SR.  
STREET ADDRESS 1109 E. OSBORNE AVE.  
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE V  
NAME KIRKLAND, KATIE M  
STREET ADDRESS 1109 E. OSBORNE AVE.  
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE S  
NAME MOORE, LETOYA C  
STREET ADDRESS 3302 DESERETTE LN.  
CITY-ST-ZIP COLUMBUS OH 43224 ☐ Delete

TITLE T  
NAME KIRKLAND, SAMUEL O JR.  
STREET ADDRESS 413 MILLHOUSE COURT  
CITY-ST-ZIP CHESAPEAKE VA 23323 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2003 (83) 234-1321

Date

Daytime Phone #

CR2E034 (10/02)