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Jun 09, 2003 8:00 am
Secretary of State
03-10-2003 90151 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000100105

1. Entity Name
CLEAN TEAM OF LAKE COUNTY, INC.

44003850 [redacted]

[redacted]

Principal Place of Business	Mailing Address
13045 SUGAR BLUFF RD. CLERMONT, FL 34711	13045 SUGAR BLUFF RD. CLERMONT, FL 34711

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3713574 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FULMER, TIMOTHY A
13045 SUGAR BLUFF RD.
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name: WARREN N. McMillen JR
Street Address (P.O. Box Number is Not Acceptable): 225 S. Swoope Ave STE 105
City: MAITLAND FL Zip Code: 32751-5786

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] Date: 6/6/03

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	FULMER, TIMOTHY A	13045 SUGAR BLUFF RD.	CLERMONT, FL 34711	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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] Timothy A. Fulmer 4/30/03 352 429 5008
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #