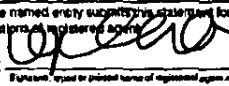
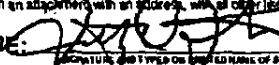


FILED
Jun 09, 2003 8:00 am
Secretary of State

3/11

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.			
Principal Place of Business 13045 SUGAR BLUFF RD. CLERMONT, FL 34711		Mailing Address 13045 SUGAR BLUFF RD. CLERMONT, FL 34711	
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 04-3713574		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 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 32751-5786	
8. The above named entity supersedes its 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 		DATE 6/6/03	
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 ☐ Delete NAME FULMER, TIMOTHY A STREET ADDRESS 13045 SUGAR BLUFF RD. CITY-ST-ZIP CLERMONT, FL 34711		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete 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)(1), 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 persons empowered.			
SIGNATURE: 		DATE 4/2/03 352 429 5000	

44003850

☐ CHECK HERE IF MAKING CHANGES

032E004 (10/02)