


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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90112 037 ***150.00

DOCUMENT # <i>P02000104972</i>	
1. Entity Name Cleaning Agents Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 610 Maranda Drive		Suite, Apt. #, etc. 610 Maranda Drive	
City & State Green Cove Springs, Florida		City & State Green Cove Springs, Florida	
Zip 32043	Country United States	Zip 32043	Country United States

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 52-2377698		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
Name Belinda K. Dedmon			
Street Address (P.O. Box Number is Not Acceptable) 610 Maranda Drive			
City Green Cove Springs FL Zip Code 32043			

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25.
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	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
	P/T Belinda K. Dedmon		
	610 Maranda Dr.		
	Green Cove Springs, FL, 32043		
	V/S Karen B. Bramlitt		
	6044 County Rd. 209 South		
	Green Cove Springs, FL, 32043		

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Belinda K. Dedmon* **Belinda K. Dedmon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003 **904-284-2742**

Date

Daytime Phone #

CR2E034B (12/02)