

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90486 048 ***150.00

DOCUMENT # P02000113381

1. Entity Name
PROCLEAN MANAGEMENT, INC.



Principal Place of Business
5317 CURRY FORD RD P-103
ORLANDO FL 32812

Mailing Address
5317 CURRY FORD RD P-103
ORLANDO FL 32812

2. Principal Place of Business
13177 ODYSSEY LAKE
Suite, Apt. # etc. WAY
ORLANDO-FL

3. Mailing Address
PO BOX 781111
Suite, Apt. #, etc.

City & State
Orlando-Florida

City & State
Orlando-FL

4. FEI Number
56-2301427

Applied For
Not Applicable

Zip
32826

Country
Orange

Zip
328781111

Country
Orange

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

PESSI, FABIANA
5317 CURRY FORD RD P-103
ORLANDO FL 32812

Name FABIANA PESSI
Street Address (P.O. Box Number is Not Acceptable)
13177 ODYSSEY LAKE WAY
City Orlando **FL** **Zip Code** 32826

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

04-26-2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV <input type="checkbox"/> Delete
NAME	PESSI, FABIANA
STREET ADDRESS	5317 CURRY FORD RD P-103 13177 ODYSSEY LAKE WAY - ORL FL
CITY-ST-ZIP	ORLANDO FL 32812 32826
TITLE	ST <input type="checkbox"/> Delete
NAME	PESSI, FABIANA
STREET ADDRESS	5317 CURRY FORD RD P-103 13177 ODYSSEY LAKE WAY - ORL FL
CITY-ST-ZIP	ORLANDO FL 32812 32826
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-2003

407-8239609
407-384958

CR2E034 (10/02)