## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P93000014114 (1)

ULTRA CLEAN PROPERTY MANAGEMENT AND MAINTENANCE, INC.

Principal Place of Business Mailing Address								** (****) ******	1001 11611 0101 1001	
5032 SW LANDING CREEK DRIVE PALM CITY FL 34990			5032 SW LANDING CREEK DRIVE PALM CITY FL 34990							
							3. Date Incorporated or Qualified 02/17/1993	<b>3a</b> . D	ale of Last <b>f</b> <b>04/04/1</b>	
2. Principal Pla	ce of Business	<u>├</u>	Mailing Address				4. FEI Number		L	Applied For
21		26	0.2.4.4.4.4		٠.		65-0389931		60.7	Not Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			City & State				6. Election Campaign Financing		\$5.0	00 May Be
28							Trust Fund Contribution Added to Fees			
Zip	Country		Ζιρ	Count	try		8. This corporation has liability for		tax under s	s 199.032,
24	25	29		30				s 🗌 No		
	9. Name and Address of Current	Regist	lered Agent		31	Name	10. Name and Address of New	Hegistere	a Agent	
DODELL	LODEN F			[						
BODEM, LOREN E					82 Street Addre		fress (P.O. Box Number is Not Accepta	blo)		
815 COLORADO AVENUE SUITE 305				Ε	33					
STUART FL 34994										
SIOANI	FL 34954			E	34	City		F	85 2	Zip Code
SIGNATURE _	signature, typed or printed name of registered agor Lar	nd their a	pplicable. (NC	TE Fegisle ed A			oration submits this statement for the plant of directors. Thereby accept the ap and of directors. Thereby accept the ap	DATE		
12.	OFFICERS AND	DIREC		13.		г	ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D Spector, Norman		DELETE	1. 1 Tills					Change	MORRION
NAME DEGECT ADDRESS	5032 SW LANDING CREEK D	R		1.2 NAM		ADDRESS				
STREET ADDRESS	PALM CITY FL 34990	11		1.4 CITY						
CITY-ST-ZIP TIFLE	D		☐ DELETE	2 1111		1-21			Change	Addition
NAME	SPECTOR, DAWN M			2 2 NAM						_
STREET ADDRESS	5032 SW LANDING CREEK D	R		23 STR	Eŧī	ADDRESS				
CiTY-ST-ZiP	PALM CITY FL 34990			2.4 0015	۲-S	T - 7IP				
TITLE			DECETE	3 1 1116	LE.				Change	Addition
NAME				3 2 NAM	AE.					
STREET ADDRESS				3 3. STR	EEI	ADDRESS				
CITY-ST-ZIP			E DE EVE	3.4 CITY		T-ZIP			<u> </u>	
THTLE			☐ DELETE	4. 1 TITS					Change	Addition
NAME				4.2 NAM		*DEDECC				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5. 1 TU:		1 - Zir			Change	Addition
NAME			<u></u>	5.2 NAM					_ ,	-
STREET ADDRESS				1		ADDRESS				
City-St-ZIP				5.4 CITY						
TITLE			☐ DELFTE	6 1 TITI					Change	Addition
NAME				6.2 NAM	ΛE					
STREET ADDRESS				6.3 STR	EE.T	ADDRESS				
C:TY-ST-ZIP				6.4 CITY						
	certify that the information supplied wi	th this	filing is voluntarily furn	ished and d	069	s not muchfy:	for the exemption stated in Section 11	9.07(3)(k)	Elorida Stati	utes. I further

receipt on any unature enformation supplied with this iming is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR DECEMBER 2 - 2 - 96 (407) 286-0823