FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 17, 2002 8:00 am Secretary of State P93000083625 DOCUMENT # 1. Entity Name 04-17-2002 90141 028 ***150.00 ABSOLUTELY CLEAN CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1036 HOPE ST PO BOX 1614 B0068122 VENICE FL 34292 NOKOMIS FL 34274 HS US 2. Principal Place of Business 3. Mailing Address <u>57**00**Britannia Drive</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0455120 Not Applicable Sarasota, FL Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34231 Fee Required Sarasota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STICKLES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5700Britannia Drive 1036 HOPE STREET **VENICE FL 34292** ^{City} Sarasota ^{Zio}4231 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Change ■ Addition ST. ICKLES, ROBERT NAME NAME Stickles, Robert **1036 HOPE STREET** STREET ADDRESS STREET ADDRESS 5700Britannia Drive VENICE FL 34292 CITY-ST-7IP CITY-ST-ZIP Sarasota, FL TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP -71TLE= Delete =1111.5 Change --- Addition = = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.