

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90058 031 ***150.00

DOCUMENT # P93000083625

1. Entity Name
ABSOLUTELY CLEAN CLEANING SERVICES, INC.



Principal Place of Business
**5700 BRITANNIA DRIVE
SARASOTA FL 34231
US**

Mailing Address
**PO BOX 1614
NOKOMIS FL 34274
US**



2. Principal Place of Business
P. O. Box 1614

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Nokomis, FL

City & State

4. FEI Number **65-0455120**

Applied For
Not Applicable

Zip
34274

Country

Zip

Country

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

**STICKLES, ROBERT
5700 BRITANNIA DRIVE
SARASOTA FL 34231**

Name
Donald R. Rhodes
Street Address (P.O. Box Number is Not Acceptable)
1402 S.E. 46th Lane

City
Cape Coral **FL** Zip Code
33904

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 *Donald R. Rhodes*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8/03
DATE

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 ☐ Delete
NAME **D STRICKLES, ROBERT**
STREET ADDRESS **5700 BRITANNIA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1614**
CITY-ST-ZIP **Nokomis, FL 34274**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Robert Strickles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 (941) 922-2748
Date Daytime Phone #

CR2E034 (10/02)