

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039495

1. Entity Name
A CLEAN REVIEW, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91079 029 ***150.00

Principal Place of Business

7499 46 AVE N OFC
ST PETE FL 33709
US

Mailing Address

7499 46 AVE N OFC
ST PETE FL 33709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6261 S. Lewdingar Dr

City & State

Homosassa FL

Zip

34446

Country

US

Suite, Apt. #, etc.

6261 S. Lewdingar Dr

City & State

Homosassa, FL

Zip

34446

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3251836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HITE, ROBIN L
7499 46 AVE N OFCE
ST PETE FL 33709

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robin L. Hite, Pres.

4-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HITE, ROBIN L
STREET ADDRESS 9251 90TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 34647

TITLE ☒ Change ☐ Addition
NAME Hite, Robin L
STREET ADDRESS 6261 S. Lewdingar Dr.
CITY-ST-ZIP Homosassa, FL 34446

TITLE PST ☐ Delete
NAME HITE, ROBIN L
STREET ADDRESS 9251 90TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME Hite, Robin L.
STREET ADDRESS 6261 S. Lewdingar Dr.
CITY-ST-ZIP Homosassa, FL 34446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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.

SIGNATURE:

Robin L. Hite, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

352-628-3299

Daytime Phone #

CR2E034 (10/00)