

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000073181**

1. Entity Name

ALL-NW CLEAN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2343 DAPHNE DR.

Suite, Apt. #, etc.

3. Mailing Address

2343 DAPHNE DR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL.

City & State

WEST PALM BCH. FL.

Zip

33415

Country

Zip

33415

Country

4. FEI Number

65-0526464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL ADAMS

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

1045 E. ATLANTIC AVE. SUITE 300

City

DELRAY BEACH

FL

Zip Code

33406

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MICHAEL DINEEN
2343 DAPHNE DR.
WEST PALM BEACH FL 33415**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Dineen** **MICHAEL DINEEN** **10-1-02** **561 968-9698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 OCT -7 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***150.00 ***150.00

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CR2E034B (12/01)