

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090904

1. Entity Name

MEDICLEAN SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 020 ***150.00

Principal Place of Business

Mailing Address

8401 WEST SAMPLE ROAD, #35
CORAL SPRINGS FL 33065

8401 WEST SAMPLE ROAD, #35
CORAL SPRINGS FL 33412-2087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0540887

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

CHUCK MOGBO, P.A.
2331 N STATE ROAD 7
SUITE 124
LAUDERHILL FL 33313

Name

Glenn Graves

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

12565 66 ST North

City

West Palm Beach FL

Zip Code

FL

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

4/27/00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GRAVES, GLENN
CITY-ST-ZIP 8401 WEST SAMPLE ROAD, #35
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Graves, Glenn
CITY-ST-ZIP 12565 66 ST North
West Palm Beach, FL 33412

TITLE ☐ Delete
NAME ST
STREET ADDRESS GRAVES, JOANN
CITY-ST-ZIP 8401 WEST SAMPLE ROAD, #35
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS Graves, JoAnn
CITY-ST-ZIP 12565 66 ST North
WPB, FL 33412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Graves

Date

Daytime Phone #

4/27/00

561-793
7172

CR2F034 (9/93)