

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016986

1. Entity Name

KHEM KLEEN, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 007 ***150.00

Principal Place of Business

Mailing Address

MANOR DRIVE

SUITE A

ISLAND FL 32952

~~2000 E CRISAFULLI~~

~~MERRITT ISLAND FL 32952~~

~~08~~

2. Principal Place of Business

3. Mailing Address

275 Manor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

City & State

Merritt Island, FL

Zip

Country

Zip

32952

Country

USA

4. FEI Number

59-3309773

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

CONNOLLY, ALFRED

275 MANOR DRIVE

SUITE A

MERRITT ISLAND FL 32952

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

Al Connolly

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-00

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 D
STREET ADDRESS CONNOLLY, ALFRED
CITY-ST-ZIP 965 E CRISAFULLI
MERRITT ISLAND FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS ~~2000 E CRISAFULLI~~
CITY-ST-ZIP ~~MERRITT ISLAND FL~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Al Connolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-00

Daytime Phone #

321 452 0473

CR2E034 (9/99)