

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 043 ***158.75

DOCUMENT # **P95000024608**

1. Entity Name

Crystal Clear Cleaning Co. D.B.A. 4C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

915 S.E. 14th Ct.

3. Mailing Address

915 S.E. 14th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch. FL

City & State

Deerfield Bch. FL

4. FEI Number

650600902

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Kevin McBrien**

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

915 S.E. 14th Ct.

City **Deerfield Bch.**

FL

Zip Code **33441**

DO NOT WRITE IN THIS SPACE

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

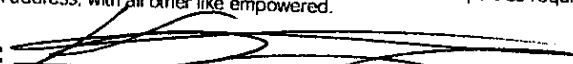
11. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	Kevin McBrien
STREET ADDRESS	915 S.E. 14th Ct.
CITY-ST-ZIP	Deerfield Bch., FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (954) **783 5265**
Date Daytime Phone #

CR2E034B (12/01)