2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

915 SE 14TH CT.

3. Mailing Address

City & State

Suite, Apt. #, etc.

DEERFIELD BEACH FL 33441

DOCUMENT # P95000024608

1. Entity Name

915 SE 14TH CT.

Principal Place of Business

DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

CRYSTAL CLEAR CLEANING CO., INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90034 008 ***158.75

70003535

☐ CHECK HERE IF MAKING CHA	NGES		
I. FEI Number	Applied For		
65-0600902	Not Applicable		
	75 Additional Required		
. Name and Address of New Registered Agent			

6. Name and Address of Current Registered Agent

Name

MCBRIEN, KEVIN

915 SE 14TH CT.

DEERFIELD BEACH FL 33441

City

T. Name and Address of New Registered Agent

Name

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

Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make,Check	Payable to Florida Department of State	index and donorsalon.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10. /	OFFICERS AND DIRECTOR	IS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIEN, KEVIN 915 SE 14TH CT. DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

954 783-5265

CR2E034 (10/(