

2001 UNIFORM BUSINESS REPORT (UBR)

Amended 2001 \$61.25

DOCUMENT # P95000027153

1. Entity Name

Final Clean, inc

Principal Place of Business

Mailing Address

1541 SW APRICOT RD
PORT ST. LUCIE, FL
34953

2. Principal Place of Business

3. Mailing Address

SAME AS MAILING

Suite/Apt./# etc.

Suite/Apt./# etc.

City & State

City & State

4. FEI Number

59-3319360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

GARY HIRSCH

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

1541 SW APRICOT RD

City

PORT ST. LUCIE

FL

Zip Code

34953

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

7/25/01

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, 2001 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 D Michele Hirsch
NAME
STREET ADDRESS 1541 SW APRICOT RD
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

Delete

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TITLE President
NAME GARY HIRSCH
STREET ADDRESS 1541 SW APRICOT RD
CITY-ST-ZIP PORT ST. LUCIE FL 34953

Change

Addition

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

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 an officer like empowered.

SIGNATURE:

7/25/01 361 785-5044

CR2E034 (11/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA