

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90300 008 \*\*\*158.75

DOCUMENT # P95000078069

1. Entity Name  
CLEVERLY CLEAN PROFESSIONAL SERVICES, INC.



Principal Place of Business  
P O BOX 3836  
PLANT CITY FL 33564-3836

Mailing Address  
P O BOX 3836  
PLANT CITY FL 33564-3836



2. Principal Place of Business

4327 LARK DRIVE

3. Mailing Address

4327 LARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DOVER, FL

City & State  
DOVER, FL

4. FEI Number 59-3352991

Applied For  
Not Applicable

Zip  
33527-3905

Country  
USA

Zip  
33527-3905

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLORIA W. SIMPSON  
4327 LARK DRIVE  
DOVER FL 33527-3905

7. Name and Address of New Registered Agent

Name  
DEMPSEY LEWIS SIMPSON III  
Street Address (P.O. Box Number is Not Acceptable)  
4327 LARK DRIVE  
City  
DOVER FL Zip Code  
33527-3905

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 DEMPSEY LEWIS SIMPSON III  
(NOTE: Registered Agent signature required when reinstating)

DATE  
3-4-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, GLORIA W 4327 LARK DRIVE DOVER FL 33527-3905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPSON, LEWIS III 4327 LARK DR DOVER FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + OWNER LEWIS SIMPSON III 4327 LARK DR. DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 DEMPSEY LEWIS SIMPSON III 813-598-4975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-4-03 Daytime Phone #

CR2E034 (10/02)