

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90136 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000083374

1. Entity Name

CLEAN TECH OF AMERICA, INC.

Principal Place of Business

Mailing Address

14311 HWY 20
 NICEVILLE FL 32578

P.O. BOX 873
 NICEVILLE FL 32588-0873

2. Principal Place of Business

3. Mailing Address

1314 Greendale Ave
 Suite, Apt. #, etc.

P.O. BOX 2173
 Suite, Apt. #, etc.

City & State

City & State

FT. WALTON BCH FL

CRESTVIEW FL

Zip

Country

Zip

Country

32549

OKALOOSA

32536

OKALOOSA

4. FEI Number

59-3349386

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

Name

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

City

FL

Zip Code

GOINS, BRUCE
 5804 FRANCES ST.
 CRESTVIEW FL 32539

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) ☐

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
 STREET ADDRESS
 CITY-ST-ZIP
 P
 GOINS, BRUCE A.
 P O BOX 873
 NICEVILLE FL 32588

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 ERIN GOINS
 P.O. BOX 2173
 Crestview, FL 32536

TITLE ☒ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 PIZZOTTI, ANTHONY E
 804 NEWPORT DR
 FT WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 GOINS, ERIN L.
 P.O. BOX 2173
 Crestview, FL 32536

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

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TITLE ☐ Delete

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 CITY-ST-ZIP

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: Erin L. Goins / ERIN L. GOINS 4-11-00 850-865-764
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)