

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001124

1. Entity Name

ADVANCED CLEANING TECHNOLOGIES, INC.,

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90049 007 ***150.00

Principal Place of Business

~~180 KINGBIRD CIRCLE
DAYTONA BEACH FL 32114~~

Mailing Address

~~180 KINGBIRD CIRCLE
DAYTONA BEACH FL 32119-8746~~

2. Principal Place of Business

1575 Aviation Center
Suite, Apt. #, etc.
334 A

3. Mailing Address

P.O. Box 10322
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Bch. FL
Zip
32119 Country
Volusia

City & State

Daytona Beach Florida
Zip
32120 Country
Volusia

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUMER, KEITH T
ONE EAST BROWARD BLVD
SUITE 1705
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **P** ☐ Delete
NAME **CUBER, LISA**
STREET ADDRESS **1585 AVIATION CENTER PARKWAY #715**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE **D** ☐ Delete
NAME **GRUMER, KEITH T.**
STREET ADDRESS **ONE EAST BROWARD BLVD/ SUITE 1705**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **AZOR, JORGE E.**
STREET ADDRESS **90 NW 137TH AVE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)