

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045106

1. Entity Name

SQUEAKY CLEAN LAUNDROMAT, INC.

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90004 019 ***550.00

Principal Place of Business

24087 US HIGHWAY 19 NORTH
CLEARWATER FL 34623

Mailing Address

24087 US HIGHWAY 19 NORTH
CLEARWATER FL 34623

00082982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24087 US Hwy 19 N.

Suite, Apt. #, etc.

Clearwater, FL

City & State

33763

Zip

Country

3. Mailing Address

24087 US Hwy 19 N.

Suite, Apt. #, etc.

Clearwater, FL

City & State

33763

Zip

Country

4. FEI Number

59-3382208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDINGER, MARK
840 6TH ST SOUTH
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Mark Redinger

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

1275 Sedeeva Cir. North

City

Clearwater

FL

Zip Code

33755

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

Mark Redinger, President

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

(NOTE: Registered Agent signature required when reinstating)

8/20/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	REDINGER, MARK A	
STREET ADDRESS	840 6TH ST SOUTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redinger, Mark A	
STREET ADDRESS	1275 Sedeeva Cr. North	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mark Redinger, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/00 727-798-5906
Date Daytime Phone #

CR2E034 (5/00)