

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-20-2002 90106 045 ***150.00

DOCUMENT # P96000053028

1. Entity Name

CLEAN SWEEP HOUSEKEEPING SERVICE, INC.

Principal Place of Business

**355 BAY MAGNOLIA LANE
 SANTA ROSA BEACH FL 32459**

Mailing Address

**355 BAY MAGNOLIA LANE
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

**900 Bay Drive #44
 Suite, Apt. #, etc.**

3. Mailing Address

**900 Bay Drive #44
 Suite, Apt. #, etc.**

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

59-3393-666

Applied For

Not Applicable

Zip

32578

Country

OKALOOSA

Zip

32578

Country

OKALOOSA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SELF, BETTY K

**355 BAY MAGNOLIA LANE
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Betty K. Self

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

900 Bay Drive #44

Niceville FL

City

FL

Zip Code

32578

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

Betty K. Self

4/25/02

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SELF, BETTY K	
STREET ADDRESS	355 BAY MAGNOLIA LANE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SELF, KATHY	
STREET ADDRESS	355 BAY MAGNOLIA LANE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
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		<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:

Betty K. Self

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

850-897-9681

Daytime Phone #

CR2E034 (9/01)