

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 025 ***150.00

DOCUMENT # P97000060389

1. Entity Name

CLEAN SCENE LAUNDRY, INC.

Principal Place of Business

1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

Mailing Address

127 E ZARAGOZA STREET
STE 206
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

2620 N 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

4. FEI Number

59-3459132

Applied For

Not Applicable

Zip

Country

Zip

32501

Country

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

BASS & SANOFORT ACCOUNTANTS
127 E ZARAGOZA ST STE 206
PENSACOLA FL 32501

Name

BASS & SANOFORT ACCOUNTANTS

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

2620 N 12th Ave

City

Pensacola

FL

Zip Code

32501

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 reconstituting)

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

III. NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAGEE, KEITH
1305 NORTH 9TH AVENUE
PENSACOLA FL 32503

☐ Delete

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

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☐ Change ☐ Addition

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:

Keith Magee Keith Magee

1/14/02 850-432-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (10/00)