

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099428
1. Entity Name
 CLEAN CAR OF SOUTH FLORIDA INC.

90135000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2469 CENTER GATE DRIVE #101
 Suite, Apt. #, etc.
 City & State
 MIRAMAR, FL
 Zip
 33025

3. Mailing Address
 2469 CENTER GATE DRIVE
 Suite, Apt. #, etc.
 101
 City & State
 MIRAMAR, FL
 Zip
 33025

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795926 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 HAROLD PRICE
 Street Address (P.O. Box Number is Not Acceptable)
 2469 CENTER GATE DRIVE #101
 City
 MIRAMAR **FL** Zip Code
 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAROLD PRICE 2469 CENTER GATE DR. #101 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAROLD PRICE 2469 CENTER GATE DR. #101 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Price* **4/28/03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 954-432-7187 Daytime Phone #