

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-432-7187

Daytime Phone #

MAY 09 2003