

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005258

1. Entity Name
BIO CLEAN SERVICES, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90238 025 ***150.00

Principal Place of Business
8267F CAUSEWAY BLVD
TAMPA FL 33619

Mailing Address
8267F CAUSEWAY BLVD
TAMPA FL 33619

2. Principal Place of Business
8267F Causeway Blvd
Suite, Apt. #, etc.

3. Mailing Address
8267F Causeway Blvd
Suite, Apt. #, etc.

City & State
Tampa FL
Zip 33619 Country Hillsborough

City & State
Tampa FL
Zip 33619 Country Hillsborough

4. FEI Number 59-3492342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FACINELLI, DAVID A
10302 MARSH HARBOR WAY, #6
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name David A. Facinelli
Street Address (P.O. Box Number is Not Acceptable)
5736 Puerta del Sol # 152
St. Petersburg FL 33715
City FL Zip Code

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 _____ (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 \$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
NAME FACINELLI, WILLIAM
STREET ADDRESS 18 COUNTRY CHASE
CITY-ST-ZIP JOLIET IL 60431 ☐ Delete

TITLE V
NAME FACINELLI, DAVID
STREET ADDRESS 10302 MARSH HARBOR WAY #6
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

David A. Facinelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00
Date

(813) 630-5668
Daytime Phone #

CR2E034 (5/00)



Attachment
P 98000005258
A 0076876

8267-F Causeway Blvd., Tampa, Florida 33619 • Phone: (813) 630-5668 • Fax: (813) 630-5675

Dear Sir/Madame:

I am writing to you in regards to the 2000 Uniform Business Report. In reading the notice I now know that the original filing due date was prior to May 1.

I did not receive an original notice or would have made proper payment on time.

I have a new address which is listed on the enclosed report.

I spoke with a representative named Kelly at the Divisions of Corporations office and she advised me to write this letter to you explaining the circumstances and to enclose the original amount due.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "David Facinelli".

David Facinelli