

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008344

1. Entity Name

CLEAN SHIELD ENTERPRISES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90031 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4512 PINE CONE PLACE  
COCOA FL 32926

4512 PINE CONE PLACE  
COCOA FL 32926-3322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492325

Applied For

Not Applicable

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

ROCKWELL, JUDY  
4512 PINE CONE PLACE  
COCOA FL 32926

Name

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

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

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, 2000 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	VTD	<input type="checkbox"/> Delete
NAME	WILLEKE, JUDY R	
STREET ADDRESS	129 LOST LAKES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLEKE, ROBERT N JR.	
STREET ADDRESS	129 LOST LAKES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEVERSON, DALE A	
STREET ADDRESS	4084 PRAIRIE RIDGE RD	
CITY-ST-ZIP	EAGAN MN 55123	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEVERSON, JODELL	
STREET ADDRESS	4084 PRAIRIE RIDGE RD	
CITY-ST-ZIP	EAGAN MN 55123	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P. Bayer	
STREET ADDRESS	6490 Hokah Drive	
CITY-ST-ZIP	Lino Lakes, MN 55014-1424	
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:

*Robert P. Bayer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000 (763) 783-3734

Date

Daytime Phone #

CR2E034 (9/99)