## 2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am Secretary of State DOCUMENT # **P98000010608** CAPTAIN CLEAN, INC. 05-05-2001 91098 015 \*\*\*150.00 Principal Place of Business Mailing Address 353 15TH PLACE SW PO BOX 650723 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address 1026 19th Place 5W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ero Beach City & State 4. FEI Number Applied For 65-0811654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brondi Matt BIONDI, MATT Street Address (P.O. Box Number is Not Acceptable) 353 15TH PLACE SW VERO BEACH FL 32962 19th Place SW City 8. The above named engly submits this stagement for the purpose of changing its registered office or registered agent, or both, in the State of Florida typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE Change ☐ Addition Biondi, matt 1026 19th Place SW BIONDI, MATT NAME NAME STREET ADDRESS 353 15TH PLACE SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vero Beach FL 32962 VERO BEACH FL 32962 ☐ Delete Vice - President TITLE Change Addition **BIONDI. LASHANN** Biondi, Lashann NAME 1026 19th Place 8W STREET ADDRESS 353 15TH PLACE SW STREET ADDRESS VERO BEACH FL-32962 == CITY-ST-ZIP Vero Beach FL 32962 TITLE Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 attach a ent with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR