FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P98000025872** 1. Entity Name PERFECT CLEAN OF FERNANDINA, INC. 04-17-2001 90135 002 \*\*\*158.75 Principal Place of Business Mailing Address 2128 SPRING BROOK ROAD 2128 SPRING BROOK ROAD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 00037999 2. Principal Place of Business 3. Mailing Address 477 Starboar DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3513476 prmmi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEETER, CINDY Street Address (P.O. Box Number is Not Acceptable) 2128 SPRING BROOK ROAD FERNANDINA BEACH FL 32034 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE HEETER, CINDY NAME NAME STREET ADDRESS 2128 SPRING BROOK ROAD STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 like empowered.