

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90020 019 \*\*\*150.00

**DOCUMENT # P98000027832**

1. Entity Name

**CLEANSTART YOUR LIFE CORPORATION**

Principal Place of Business

Mailing Address

1748 INDEPENDENCE BLVD.  
D-4  
SARASOTA FL 342348466 N LOCKWOOD RIDGE RD. SUITE 206  
SARASOTA FL 34243-2951

2. Principal Place of Business

**318 INDIAN TRACE**

Suite, Apt. #, etc.

**# 325**

3. Mailing Address

**318 INDIAN TRACE**

Suite, Apt. #, etc.

**# 325**

City &amp; State

**WESTON, FL**

City &amp; State

**WESTON, FL**

4. FEI Number

**65-0822199**

Applied For

Not Applicable

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

Zip

**33326**

Country

**USA**

Zip

**33326**

Country

**USA**

6. Name and Address of Current Registered Agent

**HARDY, LEONARD****8466 N LOCKWOOD RIDGE RD. SUITE 206  
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name

**HARDY, LEONARD**

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

**1403 ST. GABRIELLE LN #3209**

City

**WESTON****FL****Zip Code 33326**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HARDY, LEONARD</b>	<b>8466 N LOCKWOOD RIDGE RD. SUITE 206</b>	<b>SARASOTA FL 34243</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
	<b>P HARDY, LEONARD</b>	<b>1403 ST. GABRIELLE LN #3209</b>	<b>WESTON, FL 33326</b>	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**LEONARD HARDY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FEB 1 / 00 954-217-401**