## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State P98000027832 **DOCUMENT #** 1. Entity Name 04-29-2002 90052 017 \*\*\*150 00 CLEANSTART YOUR LIFE CORPORATION Principal Place of Business Mailing Address 318 INDIAN TRACE 318 INDIAN TRACE #325 #325 WESTON FL 33326 WESTON FL 33326 US 3. Mailing Address 2. Principal Place of Business CURTISS AVE 6981 CUETISSAVE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0822199 Not Applicable SÁRA SOTA Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDY LEONARD HARDY, LEONARD Street Address (P.O. Box Number is Not Acceptable) 1403 ST GABRIELLE LN 318 INDIAN TRACE # 325 #3209 WESTON FL 33326 ころかいろ 8. The above named entity submits bis 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. HARDY LEONARD TITLE TITLE, ☐ Delete 318 INDIAN TRACE #325 HARDY, LEONARD NAME NAMĚ 1403 ST GABRIELLE LN #3209 STREET ADDRESS STREET ADDRESS WESTON , FL 33326 CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 life grapowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED