

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90960 033 ***150.00

DOCUMENT # P98000080656

1. Entity Name
EVERCLEAN, INC.



Principal Place of Business
**8470 CRANES ROOST
NEW PORT RICHEY FL 34654**

Mailing Address
**8470 CRANES ROOST
NEW PORT RICHEY FL 34654**



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 **59-3532728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777**

7. Name and Address of New Registered Agent

Name **JOSEPH YALZ**
Street Address (P.O. Box Number is Not Acceptable)
710 94TH AVE N# 302
City **ST. PETE** FL Zip Code **33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph Yal

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 BELLE ISLE, KAY 8470 CRANES ROOST NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 BELLE ISLE, JOHN 8470 CRANES ROOSTER NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE BELLE ISLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

Date

Daytime Phone #

CR2E034 (10/02)