

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-29-2002 93597 027 ***150.00

DOCUMENT # P98000105532

1. Entity Name
CLEAN ERA, INC.

Principal Place of Business
1729 S.W. WATERFALL BLVD.
PALM CITY FL 34990

Mailing Address
P.O. BOX 548
PALM CITY FL 34991

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 **65-0902315**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULACH, JOEL F
1729 S.W. WATERFALL BLVD.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name **Joel F. Mulach - President**
 Street Address (P.O. Box Number is Not Acceptable) **1729 SW Waterfall Blvd**
Palm City, FL 34990
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joel F. Mulach* **Joel F. Mulach**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **MULACH, JOEL F - President** ☐ Delete
 STREET ADDRESS **1729 S.W. WATERFALL BLVD.**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joel F. Mulach* **Joel F. Mulach** **4-15-02** **872-215-9661**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Attachment

38810

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 2, 2002

CLEAN ERA, INC.
P.O. BOX 548
PALM CITY, FL 34991

Subject: CLEAN ERA, INC.

Reference Number: **P98000105532**

*I have used a recent
for that & just received in mail
Hope this is correct*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg
ANNUAL REPORTS SECTION

FOR PROFIT CORPORATE UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 298000105532

1. Entity Name

CLEAN ERA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1729 SW Waterfall Blvd

3. Mailing Address

P.O. Box 548

Suite, Apt. #, etc.

Palm City

Suite, Apt. #, etc.

City & State

Palm CityFL

City & State

Palm CityFL

Zip

34990

Country

Martin

Zip

34991

Country

Martin

4. FEI Number

65-0902315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joel F. Mulach

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

1729 SW Waterfall Blvd.City Palm CityFLZip Code 34990

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 fee if applicable

(NOTE: Registered Agent Fee is Paid when submitting)

DATE

9. This corporation is eligible to satisfy its triennial tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$350.00

Attended UBR is \$81.25

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

Joel F. Mulach - Pres. & CEO
1729 SW Waterfall Blvd
Palm City, FL 34990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

CR20348 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel F. MulachJoel F. Mulach4-15-02772-215-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number