2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P9900004552 THE CLEAN CO. OF ORANGE COUNTY, INC. 03-06-2001 90309 031 ***150.00 Principal Place of Business Mailing Address 3939 WHITE HERON DRIVE 3939 WHITE HERON DRIVE ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address 7924 STEPLECHASE BIVD 7924 STEPLE CHASE BLUD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3554680 ORLANDO ORLANDO, FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32818 Orange ORANGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TLARET BARBARA A Street Address (P.O. Box Number is Not Acceptable) 734 STEPLE CHASE ILARDI, BARBARA A BLUD 3939 WHITE HERON DRIVE ORLANDO FL 32808 BRLANDO 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 (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE Z ZEMAT, TARAIT 3147219312467 TLAROI, JAMES S NAME NAME BLVD. 3939 WHITE HERON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ORLANDO, FL 32818 🔂 Change ☐ Addition Delete WEEKS, ROBERT B. WEEKS, ROBERT B NAME NAME 3939 WHITE HERON DR STREET ADDRESS 3934 MAGNOLLA POINTE LANG STREET ADDRESS ORLANDO, FL 32810 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change Addition TITLE ☐ Delete TITLE ILARDI, JAMES S. NAME JLARDT, JAMES S NAME 7924 STEPLECHAIE BLVD. STREET ADDRESS 3939 WHITE HERON DR STREET ADDRESS ORLANDO, FR 32818 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32808 Change ☐ Addition TITLE □ Delete TITLE ILARDI, BARBARA A. JLAROI, BARBARA A NAME NAME STREET ADDRESS 7924 STÉPLECHASE BLUD. STREET ADDRESS 3939 WHITE HERON DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32818 ORLANDO FL 32808 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMMES S. ILARDI