

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90062 016 ***150.00

DOCUMENT # P99000004552

1. Entity Name

THE CLEAN CO. OF ORANGE COUNTY, INC.

Principal Place of Business

**7924 STEPLE CHASE BLVD
 ORLANDO FL 32818**

Mailing Address

**7924 STEPLE CHASE BLVD
 ORLANDO FL 32818**

2. Principal Place of Business

7924 STEEPLECHASE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

7924 STEEPLECHASE BLVD

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ILARDI, BARBARA A

79214 STEPLE CHASE BLVD

ORLANDO FL 32818

Name

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

7924 STEEPLECHASE BLVD.

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.

SIGNATURE **BARBARA A. ILARDI**

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

Barbara A. Ilardi

(NOTE: Registered Agent signature required when reinstating)

3-4-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ILARDI, JAMES S**
 STREET ADDRESS **STEPLE CHASE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☒ Change ☐ Addition
 NAME **7924 STEEPLECHASE BLVD.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WEEKS, ROBERT B**
 STREET ADDRESS **3934 MAGNOLIA POINTE LANE**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE **T** ☐ Delete
 NAME **ILARDI, JAMES S**
 STREET ADDRESS **7924 STEPLE CHASE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☒ Change ☐ Addition
 NAME **7924 STEEPLECHASE BLVD.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ILARDI, BARBARA A**
 STREET ADDRESS **7924 STEPLE CHASE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☒ Change ☐ Addition
 NAME **7924 STEEPLECHASE BLVD.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 407-299-7971

Date

Daytime Phone #

CR2E034 (9/01)