

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91837 042 ***150.00

DOCUMENT # P99000006522

1. Entity Name

KRYSTAL KLEAN INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7120 RAMPART WAY

Suite, Apt. #, etc.

3. Mailing Address

C/O BASS & SANDFORT

Suite, Apt. #, etc.

1301 W GARDEN ST

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32505

Country

USA

Zip

32501

Country

USA

4. FEI Number

59-3552126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Bass and Sandfort Accountants PA

1301 West Garden Street

Pensacola, FL 32501

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
DAVID HUDSON
7120 RAMPART WAY
PENSACOLA FL 32505

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David L Hudson
SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #