SIGNATURE:

200	2 UNI	FORM BUSI	NESS REPO	RT	(UBR	)	[F]	ILED		
DOCUMENT # P9900035468  1. Entity Name CLEAN HOUSE, INC.					-	-	Apr 18, 2 Secreta 04-18-2002 9	2002 8:0 ary of St <sup>90407 022 ***</sup> 15		
Principal Place of Business 2426 BLUFFTON DRIVE W. JACKSONVILLE FL 32224			Mailing Address 2426 BLUFFTON DRIVE W. JACKSONVILLE FL 32224			-				
2. Principal Place of Business 3. Mailing Address								<b>[]</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	4. FEI Number 59-3583953 Applied For			
Zìp	Zip Country		Zip Coun		ntry	5. (	5. Certificate of Status Desired S8.75 Additional			
6. Name and Address of Current Register			egistered Agent		7. Name and Address of New Registered Agent					
The same of the sa					Name		1	~ ~~~ ~~ ~		
GUSTAFSON, PAMELA J .2426 BLUFFTON DRIVE W.					Street Add	lress (P.O/E	Box Number is Not Acceptable)			
JACKSONVILLE FL 32224					City		<del> </del>	<b>⊏</b> ■ Zip Coo	ar	
8. The above named entity submits this statement for the purpose of changing its r										
SIGNATURE							, , , , , , , , , , , , , , , , , , , ,			
GIGNATORE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	ed Agent signature	required when re	pinstating)	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			0.00	10. Election Campaign Fina Trust Fund Contribution.	~~	00 May Be d to Fees	
11.		OFFICERS AND D	IRECTORS	12.			I DITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			NAM STRI	E IE EET ADDRESS '-ST-ZIP		n — vien . — meter min, popularente f x in °6 mi	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				I .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete			CITY	E EET ADDRESS -ST-ZIP			☐ Change	Addition	
indicated of the cor	on this report poration or th	t or supplemental report is tr	ue and accurate and that m ered to execute this report a	v siona	ture shall have	the same b	19.07(3)(i), Florida Statutes. I feegal effect as if made under oa da Statutes; and that my name a	th: that I am an officer	or director	

Date

Daytime Phone #