

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037511

1. Entity Name

A-1 QUALITY CLEAN, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90024 007 ***150.00

Principal Place of Business

15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

Mailing Address

15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3572791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRICK, DAVID JR.
1795 EAST HWY.50,STE.A
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE ☒ Delete
NAME D
STREET ADDRESS GARRICK, DAVID JR.
CITY-ST-ZIP 1795 EAST HWY.50,STE.A
CLERMONT FL 34711

TITLE ☐ Delete
NAME ~~MIKE SOFKA~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS MIKE SOFKA
CITY-ST-ZIP 4512 WOODLANDS VILLAGE DR
ORLANDO, FL 32835

TITLE ☐ Change ☒ Addition
NAME WT
STREET ADDRESS CHESTERT PARKER
CITY-ST-ZIP 15907 LAKE ORIENTA CT
CLERMONT, FL 34711

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS LAWRENCE TANNER
CITY-ST-ZIP 15077 LAKE PICKETT RD
ORLANDO, FL 32820

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

4/30/00 352 241-4922

CR2E034 (9/99)