

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 022 ***150.00

DOCUMENT # **P99000049205**

1. Entity Name

ABSOLUTELY CLEAN, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2695 Hillsdale Ave

Suite, Apt. #, etc.

3. Mailing Address

2695 Hillsdale Ave.

Suite, Apt. #, etc.

54063179

DO NOT WRITE IN THIS SPACE

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-3578694

☒ Applied For

☐ Not Applicable

Zip **33774**

Country

Pinellas

Zip

33774

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

April A. Bickart (menzies)

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

2695 Hillsdale Ave.

City

Largo

FL

Zip Code

33774

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

April A. Bickart

V. Pres

7-11-04

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	Pres.
NAME	Edward J. KUBIAK
STREET ADDRESS	2695 Hillsdale Ave
CITY-ST-ZIP	Largo, FL 33774
TITLE	V. Pres
NAME	April Bickart
STREET ADDRESS	2695 Hillsdale Ave.
CITY-ST-ZIP	Largo, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

April A. Bickart

April A. Bickart

V. Pres.

7-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 581-0437

CR2E034B (12/02)

Attachment

54063179

#P99000049205 July 11, 2004

Dept of State Division
of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs/Madam,

Our company would like to ask for
a waiver of the Reinstatement fee (\$600⁰⁰).
We did not receive the annual report
for 2004 or any reminders before May 1, 2004.

Enclosed is the corporation
reinstatement form and a check
for \$150.00

Sincerely,

April A. Bickart
V. Pres

APRIL A. BICKART