

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065766

1. Entity Name

SUNSHINE CLEAN, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90096 020 ***550.00

Principal Place of Business

508 MASSACHUSETTS AVENUE
FORT WALTON BEACH FL 32548

Mailing Address

508 MASSACHUSETTS AVENUE
FORT WALTON BEACH FL 32548

2. Principal Place of Business

207 NATURE'S TRAIL

3. Mailing Address

207 NATURE'S TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. WALTON BCH FL

City & State

FT. WALTON BCH FL

4. FEI Number

59-359-1582

Applied For

Not Applicable

Zip

32548

Country

OKALOOSA

Zip

3248-32548

Country

OKALOOSA

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

LYNCHARD, R. LANE
4477 LEGENDARY DRIVE
SUITE 202
DESTIN FL 32541

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS RUTO, JO ANN
CITY-ST-ZIP 508 MASSACHUSETTS AVENUE 207 NATURE'S TRAIL
FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BUTLER, LESTER J
CITY-ST-ZIP 4477 LEGENDARY DRIVE, SUITE 101
DESTIN FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

JOHN RUTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00
Date

850-863-2652
Daytime Phone #

CR2E034 (5/00)