

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068557

1. Entity Name

DURACLEAN SOLUTIONS, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90001 032 ***550.00

Principal Place of Business

Mailing Address

PMB 248
 13014 N. DALE MABRY
 TAMPA FL 33618

~~PMB 248
 13014 N. DALE MABRY
 TAMPA FL 33618-2808~~

2. Principal Place of Business

12001 OAKSBURY Dr. E.

Suite, Apt. #, etc.

3. Mailing Address

W. Linebaugh Ave.

Suite, Apt. #, etc.

#

City & State

Tampa, FL

City & State

Tampa, FL

Zip
 33624

Country
 USA

Zip
 33626

Country
 USA

4. FEI Number

59-3590172

Applied For

Not Applicable

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

HERNDON, TIM
 PMB 248 5555 W. Linebaugh #202
 13014 N. DALE MABRY
 TAMPA FL 33618-33626

Name

TIM HERNDON

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

12001 OAKSBURY Dr. E.

City

TAMPA

FL

Zip Code

33626

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Tim Herndon, Pres.
 5555 W. Linebaugh Ave. #202
 Tampa, FL 33626

☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 #

CR2E034 (9/99)