

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000078729

1. Entity Name

Enviro Clean Express, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9550 Regency Square Blvd
Suite 1109
Jacksonville, FL 32225

Mailing Address

9550 Regency Square Blvd
Suite 1109
Jacksonville, FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596780

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

Peggy W. Stubbs
9550 Regency Square Blvd. #1109
Jacksonville, FL 32225

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael E. Ricks 9550 Regency Square Blvd 1109 Jacksonville, FL 32225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patricia G. Gray 9550 Regency Square Blvd #1109 Jacksonville, FL 32225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Peggy W. Stubbs 9550 Regency Square Blvd #1109 Jacksonville, FL 32225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 19.07(3)(b), 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 trustee or partner designated to complete this report or required by Chapter 417, Florida Statutes, and that my name appears in Part 11.1 of Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Mike E Ricks Michael E. Ricks 5/31/00

Mike E Ricks Michael E. Ricks 7/13/00