

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000104585**

1. Entity Name

**CLEAN AS A WHISTLE STRUCTURE CLEANING SYSTEMS, I****FILED****Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90077 010 \*\*\*150.00

Principal Place of Business

Mailing Address

**9329 DANEY STREET**  
**GOTHA FL 34734****9329 DANEY STREET**  
**GOTHA FL 34734****A0029241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1685 TWIN LAKE DR****1685 TWIN LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**GOTHA, FL**

City &amp; State

**GOTHA, FL**

4. FEI Number

**59-3611235**

Applied For

Not Applicable

Zip

**34734**

Country

**U.S.**

Zip

**34734**

Country

**U.S.**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PALERMO, MICHAEL**  
**9329 DANEY STREET**  
**GOTHA FL 34734**

7. Name and Address of New Registered Agent

Name

**GARY W. VAUGHAN**

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

**1685 TWIN LAKE DR**

City

**GOTHA****FL**

Zip Code

**34734**

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

**GARY W. VAUGHAN, PRESIDENT**

DATE

**2/29/00**

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

(NOTE: Registered Agent signature required when reinstating)

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  | Change                          | Addition                          |
|---------------------------------|----------|-------------------------|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Delete | <b>D</b> | <b>PALERMO, MICHAEL</b> | <b>9329 DANEY STREET</b><br><b>GOTHA FL 34734</b>  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <b>D</b> | <b>VAUGHN, GARY</b>     | <b>1685 TWIN LAKES DR</b><br><b>GOTHA FL 34734</b> | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete |          |                         |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

CR2E034 (9/99)

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

**GARY W. VAUGHAN**

Date

**2/29/00**

Daytime Phone #

**407-877-6339**