

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
05-30-2000 90104 035 \*\*\*150.00

DOCUMENT # P99000107268

1. Entity Name

CLEAN HYGIENE TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

12745 49th Street North  
Clearwater, Florida 33762

same

00058216

2. Principal Place of Business

8300 ULMERTON RD  
Suite, Apt. #, etc.

#110

3. Mailing Address

8300 ULMERTON RD  
Suite, Apt. #, etc.

#110

DO NOT WRITE IN THIS SPACE

City & State

LARGO Florida

City & State

LARGO FL

4. FEI Number

65-0992784

Applied For

Not Applicable

Zip

Country

Pinellas

Zip

33771

Country

Pinellas

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

Lawrence J. Phalin  
225 East Robinson Street  
Landmark Center II, Suite 600  
Orlando, Florida 32801

Name

Patricia Burkhardt

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

2915 166th Ave N

City

Clearwater

FL

Zip Code

33762

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

Patricia Burkhardt

Patricia Burkhardt President

05/18/00

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 and Director Patricia Ann Burkhardt 12745 49th Street North Clearwater, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Patricia Ann Burkhardt 12745 49th Street North Clearwater, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia Burkhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/00

Date

727-523-9638

Daytime Phone #

CR2E034 (9/99)