## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$58621** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name READY CLEAN SERVICES, INC. 01-27-2000 90055 014 \*\*\*150.00 Principal Place of Business Mailing Address 5622 ANTOINETTE STREET KENNETH L. YODER SARASOTA FL 34423-2309 SARASOTA FL 34232-2309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0313391 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YODER, KENNETH L. Street Address (P.O. Box Number is Not Acceptable) 5622 ANTOINETTE STREET SARASOTA FL 34232 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE Delete TITLE YODER, KENNETH L. NAME NAME STREET ADDRESS **5622 ANTOINETTE STREET** STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Change -☐ Addition TITLE TITLE Delete YODER, LYDIA M. NAME NAME **5622 ANTOINETTE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP - Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Weight L. Your 1-15-on 941-378-5173