

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 JAN -9 AM 9:16

DOCUMENT # 579437

1. Entity Name
Crystal Clean Professional Janitorial Maint. Inc.

Principal Place of Business
7091 Pinnacle Dr. Ste-D
Ft. Myers, FL 33907

Mailing Address
P.O. Box 61416
Ft. Myers, FL 33906

2. Principal Place of Business
7091 Pinnacle Dr.
Suite, Apt. #, etc. D

3. Mailing Address
P.O. Box 61416
Suite, Apt. #, etc.

City & State
Ft Myers FL

City & State
Ft. Myers, FL

Zip
33907

Country
USA

Zip
33906

Country
USA

4. FEI Number
65-0281095

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HARTING, DAVID C
7101 Twin Eagle Ln.
Ft Myers, FL 33912

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARTING, DAVID C 7101 Twin Eagle Ln - President Ft Myers FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SLOAN, SHARON A. 7101 Twin Eagle Ln - Secretary Ft Myers, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS R. RIVERA 1090 Silverlake Rd. S.W. LaBelle, FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel C Harting 11/13/01

CR2E037 (11/00)