

2002 UNIFORM BUSINESS REPORT (UBR)

109

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90951 014 ***150.00

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DOCUMENT # 402110

1. Entity Name
ADVANCED PRESSURE CLEANING OF FLORIDA, INC.

Principal Place of Business
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404-1701~~
~~US~~

Mailing Address
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404-1701~~
~~US~~

2. Principal Place of Business

3. Mailing Address

7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413
City & State

7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413
City & State

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number 59-1395787

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

CORNWELL, CHARLES C.
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404~~

Name
Street Address (P.O. Box Number is Not Acceptable)
7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORNWELL, CHARLES C. 3735 SHARES PLACE RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, ERIC E 15189 SCOTT PLACE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKMON, JAMES E 5835 DRYDEN ROAD WEST PALM BEACH FL 33415	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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:

Charles C. Cornwell **3.20.02** **561 845-0123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)