

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 018 ***150.00

0641977 AT

DOCUMENT # P00000020787

1. Entity Name
PRODUCTION CLEANING, INC.



Principal Place of Business
24476 RODEO DR
BONITA SPRINGS FL 34135

Mailing Address
P.O. BOX 366653
BONITA SPRINGS FL 34136



2. Principal Place of Business

3. Mailing Address

24476 Rodas Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1011726

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LUCK, DARREN A
24476 RODEO DR
BONITA SPRINGS FL 34135

Name

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

24476 Rodas Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darren A. Luck* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PVST
NAME: LUCK, DARREN A
STREET ADDRESS: 24476 RODEO DR
CITY-ST-ZIP: BONITA SPRINGS FL 34135 ☐ Delete

TITLE: PVST
NAME: Luck, Darren A.
STREET ADDRESS: 24476 Rodas Drive
CITY-ST-ZIP: Bonita Springs, FL 34135 ☒ Change ☐ Addition

TITLE: VP
NAME: LUCK, KELLY C
STREET ADDRESS: 24476 RODEO DR
CITY-ST-ZIP: BONITA SPRINGS FL 34135 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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CITY-ST-ZIP:
☐ Change ☐ 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 607, 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: *Darren A. Luck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)