

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90292 037 ***150.00

DOCUMENT # P00000057736

1. Entity Name

POWELL'S PRESSURE CLEANING, INC.

Principal Place of Business

1050 E. 14TH ST.
STUART FL 34996

Mailing Address

1050 E. 14TH ST.
STUART FL 34996

2. Principal Place of Business

1224 S.E. OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

1224 S.E. OCEAN BLVD

Suite, Apt. #, etc.

City & State

STUART FL.

City & State

STUART FL.

4. FEI Number

65-1024001

Applied For

Not Applicable

Zip

34996

Country

MARTIN

Zip

34996

Country

MARTIN5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, JUDITH L
494 KRUEGER CREEK PLACE
STUART FL 34996

7. Name and Address of New Registered Agent

Name

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

City

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **POWELL, JEFFREY W**
STREET ADDRESS **1050 E. 14TH ST.**
CITY-STATE-ZIP **STUART FL 34996**TITLE **VD** ☐ Delete
NAME **POWELL, ELIZABETH H**
STREET ADDRESS **1050 E. 14TH ST.**
CITY-STATE-ZIP **STUART FL 34996**TITLE **STD** ☐ Delete
NAME **POWELL, JUDITH L**
STREET ADDRESS **494 KRUEGER CREEK PLACE**
CITY-STATE-ZIP **STUART FL 34996**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Judith L. Powell **Judith L. Powell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sec/Treas****4-21-01**

Date

561-283-6000

Daytime Phone #

CR2E034 (10/00)