2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000088453

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90327 035 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	MASTER	PRESSURE CLEANER CO	RP.						
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City & State	2 Principal F	Place of Business	3. Mailing Address)				
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent Name Street Address (P.C. Box Number is Not Acceptable) 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 in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligation of registered agent, or both in	Min A MAR Florisia. City & State								
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MIRAMAR FL 33025 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept in the state of Florida. I am familiar with, and accept in the familiar with, and accept in the State of Florida agent, or registered ag				Street Address		(P.O. Box Number is Not Acceptable)			
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 Signature, typed or printed name of registered agent and the in applicable. (NOTE; Registered Agent agentus recurred when reneward) DATE									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept is the obligations of registered agent. SIGNATURE Signature Synature private name of registered agent and titler applicable. (NOTE Registered Agent agentum required when initiatancy) PATE FILE NOW!!! FEE IS, \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIEE OGRODNS, RONEL 1880 S.W. 112TH WAY OITY-ST-2P MIRAMAR FL 33025 ITIE ORDONS, AMELIA 1880 S.W. 112TH WAY MIRAMAR FL 33025 ITIE OBelde TITLE OBelde TITLE OBER 10016SS OITY-ST-2P MIRAMAR FL 33025 ITIE NAME STREET ADDRESS OITY-ST-2P TITLE NAME STREET ADDRESS OITY-ST-2P TI	MILWIMAL	, FL 33025			0::				
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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 injustee empowered by 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 a true and the proposers of the corporation of the corporation or the receiver or injustee empowered.

SIGNATURE: