

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90170 036 \*\*\*150.00

DOCUMENT # P00000100651

1. Entity Name  
U.S. PRESSURE CLEANING PLUS INC.



Principal Place of Business

100 LAKESHORE DRIVE

~~APARTMENT #156~~

~~NORTH PALM BEACH FL 33408~~

Mailing Address

100 LAKESHORE DRIVE

~~APARTMENT #156~~

~~NORTH PALM BEACH FL 33408~~

2. Principal Place of Business

16713 75TH WAY N

3. Mailing Address

16713 75TH WAY N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

Country

Zip

Country

33418

33418

4. FEI Number

65-1058348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCHERIE, STEVEN

100 LAKESHORE DRIVE

~~APARTMENT #156~~

~~NORTH PALM BEACH FL 33408~~

7. Name and Address of New Registered Agent

Name

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

16713 75TH WAY N.

City

PALM BEACH GARDENS

FL

Zip Code

33418

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 title if applicable.

(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

TITLE D ☐ Delete  
NAME BUCHERIE, STEVEN  
STREET ADDRESS 100 LAKESHORE DRIVE, APT. #156  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Delete  
NAME BUCHERIE, ANNETTE  
STREET ADDRESS 100 LAKESHORE DRIVE, APT. #156  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16713 75TH WAY N.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 16713 75TH WAY N.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

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

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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 561-596-0611  
Date Daytime Phone #

CR2E034 (10/02)