

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90459 014 \*\*\*150.00

**DOCUMENT # P01000008542**

1. Entity Name

**A&S TOTAL CLEANING AND ACE PRESSURE CLEANING, IN C.**

Principal Place of Business

Mailing Address

~~254 S. MILITARY TRAIL~~  
**DEERFIELD BEACH FL 33442**

~~254 S. MILITARY TRAIL~~  
**DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

**1015 W. NEWPORT CENTER**  
 Suite, Apt. #, etc.  
**#103**

**1015 W. NEWPORT CENTER**  
 Suite, Apt. #, etc.  
**#103**



DO NOT WRITE IN THIS SPACE

City & State

City & State

**DEERFIELD BEACH**

**DEERFIELD BEACH**

4. FEE Number

**65-1068247**

Applied For

Not Applicable

Zip **33442**

Country **BWD**

Zip **33442**

Country **BWD**

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

**WOLF, TODD**  
**254 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

Name

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

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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLF, TODD</b>	
STREET ADDRESS	<b>1285 BAYVIEW CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, ROBERT</b>	
STREET ADDRESS	<b>18176 BLUE LAKE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**40602 561852-9299**

Date

Daytime Phone #

CR2E034 (9/01)