

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90103 036 ***150.00

DOCUMENT # P01000012955



1. Entity Name
MARIO'S PRESSURE CLEANING & SERVICES, INC.

Principal Place of Business
**5660 BOYNTON CRESCENT CIRCLE
BOYNTON BEACH FL 33437**

Mailing Address
**5660 BOYNTON CRESCENT CIRCLE
BOYNTON BEACH FL 33437**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1083464		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, ANA 10097 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIO 10097 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mario Rodriguez* **03-07-03** **561-735-1889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)