

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000043585

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: XTREME CLEAN PROFESSIONAL FLOOR CARE, INC.

## Current Principal Place of Business:

211 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

## New Principal Place of Business:

## Current Mailing Address:

211 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

## New Mailing Address:

FEI Number: 59-3716005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, PHILIP J  
211 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

## Name and Address of New Registered Agent:

MOCK, MICHAEL L  
211 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

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: MICHAEL L MOCK

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: COLLIER, PHILIP J  
Address: 211 ALLEN MEMORIAL WAY  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VTD ( ) Delete  
Name: MOCK, MICHAEL L  
Address: 211 ALLEN MEMORIAL WAY  
City-St-Zip: PORT ST. JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: MOCK, MICHAEL L  
Address: 211 ALLEN MEMORIAL WAY  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VSD (X) Change ( ) Addition  
Name: COLLIER, CATHERINE L  
Address: 211 ALLEN MEMORIAL WAY  
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L MOCK

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

Date