2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) Mar 10, 2003 8:00 am Secretary of State DOCUMENT # P01000067186 1. Entity Name 03-10-2003 90746 046 ***150.00 A.A. JACK'S PRESSURE CLEANING, INC. Principal Place of Business Mailing Address 5300 CARRICK STREET 5300 CARRICK STREET PORT ST. JOHN FL 32927 PORT ST. JOHN FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3731832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETTIT, JACK Street Address (P.O. Box Number is Not Acceptable) 5300 CARRICK STREET PORT ST. JOHN FL 32927 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME PETTIT, JACK NAME STREET ADDRESS 5300 CARRICK STREET STREET ADDRESS CITY-ST-ZIP PORT ST. JOHN FL 32927 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change Addition NAME PETTIT, MARYANN NAME STREET ADDRESS 5300 CARRICK STREET STREET ADDRESS CITY-ST-ZIP PORT ST. JOHN FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/7/03 32/-633-3023

CR2F034 (10/02)