

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90031 043 \*\*\*150.00

**DOCUMENT # P01000109054**

1. Entity Name

**PROFESSIONAL PAINTING & PRESSURE CLEANING SERVICES, INC.**

Principal Place of Business

**6919 W BROWARD BLVD  
 PLANTATION FL 33317**

Mailing Address

**6919 W BROWARD BLVD  
 PLANTATION FL 33317**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**2218 Simms Street**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD FLORIDA**

Zip

**33020**

Country

**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PHILLIPS, SUNDAY  
 6919 W BROWARD BLVD  
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **CLARENCE MCINTYRE**

Street Address (P.O. Box Number is Not Acceptable)  
**2218 Simms ST.**

City **HOLLYWOOD**

**FL**

Zip Code

**33020**

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

**R.A. Sunday Phillips Sunday Phillips**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/1/2002**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, CLARENCE</b>	
STREET ADDRESS	<b>6919 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELL, ARIS</b>	
STREET ADDRESS	<b>6919 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SAM, FAYE</b>	
STREET ADDRESS	<b>6919 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, CLARENCE</b>	
STREET ADDRESS	<b>6919 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, CLARENCE</b>	
STREET ADDRESS	<b>2218 Simms ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARENCE MCINTYRE</b>	
STREET ADDRESS	<b>2218 Simms ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, CLARENCE</b>	
STREET ADDRESS	<b>2218 Simms ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**CLARENCE MCINTYRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/2002 9545627772**

CR2E034 (9/01)