

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90293 021 ***150.00

DOCUMENT # P01000112639

1. Entity Name

SOFT SUDS PRESSURE CLEANING, INC.



Principal Place of Business

**4060 LINWOOD STREET
SARASOTA FL 34232**

Mailing Address

**4060 LINWOOD STREET
SARASOTA FL 34232**

2. Principal Place of Business

3110 Chandler LN

3. Mailing Address

3110 Chandler LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North port FL

City & State

North port FL

Zip

34286

Country

SARASOTA

Zip

34286

Country

SARASOTA

4. FEI Number

65-1158343

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCONNELL, ALBERT A
4060 LINWOOD STREET
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

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

Albert McConnell

1-23-03

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

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCCONNELL, ALBERT A**
CITY-ST-ZIP **4060 LINWOOD STREET owner
SARASOTA FL 34232**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **EICHENBERGER, ANDREW**
CITY-ST-ZIP **4060 LINWOOD STREET
SARASOTA FL 34232**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **EICHENBERGER, THERESA**
CITY-ST-ZIP **4060 LINWOOD STREET
SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Albert McConnell

Date

Daytime Phone #

CR2E034 (10/02)