


AMENDED

FILED

03 NOV 19 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003016			
1. Entity Name A & E PRESSURE CLEANING & PAINTING, INC.			
Principal Place of Business 4912 GEORGE AVE. SARASOTA, FL 34233		Mailing Address 4912 GEORGE AVE. SARASOTA, FL 34233	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MENENDEZ, ALBERT JR 4912 GEORGE AVE. SARASOTA, FL 34233		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retreating)</small>		<small>(NOTE: Registered Agent's signature required when retreating)</small>	
<small>FILE NOW!!! FEE IS \$160.00 After May 31, 2003 Fee will be \$500.00 Amended UBR is \$81.25 per Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D		D-V-P	<input checked="" type="checkbox"/> Addition
MENENDEZ, ALBERT M JR		RYAN HUNTER	
4912 GEORGE AVE.		4912 GEORGE AVE	
SARASOTA, FL 34233		SARASOTA, FL 34233	
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: <i>[Signature]</i>		Date: 11.10.03 941.921.5971	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR20034 (10/02)