

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91790 010 \*\*\*150.00

DOCUMENT # **PO2000044893**

1. Entity Name

**Advanced Pressure Washings Systems INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11 Riverside Dr.**

3. Mailing Address

**931 Bridle Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 214**

**B**

City & State

City & State

**Cocoa FL**

**Rockledge**

4. FEI Number

**010677096**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32922**

**USA**

**FL 32955**

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARCUS MOUERY**

Street Address (P.O. Box Number is Not Acceptable)

**931 BRIDLE LN**

City

**Rockledge**

**FL**

Zip Code  
**32955**

**DO NOT WRITE  
IN THIS SPACE**

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

**MARCUS MOUERY President**

**Marcus Mouery 4-28-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
MARCUS MOUERY  
931 Bridle Ln  
Rockledge, FL 32955**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Marcus Mouery President**

**MARCUS MOUERY 4-28-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)