

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-09-2003 90184 017 ***150.00

DOCUMENT # P02000073910

1. Entity Name
S & L PRESSURE WASHING, INC.



Principal Place of Business
1905 GARRISON AVENUE
PORT ST. JOE FL 32456

Mailing Address
1905 GARRISON AVENUE
PORT ST. JOE FL 32456



2. Principal Place of Business

6920 Blossom Hill
Suite, Apt. #, etc.

3. Mailing Address

6920 Blossom Hill
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Wewah FL

City & State

Wewah FL

4. FEI Number

265-81-5201

Applied For

Not Applicable

Zip

32465

Country

Gulf

Zip

32465

Country

Gulf

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKETT, SCOTT
1905 GARRISON AVENUE
PORT ST. JOE FL 32456

Change of address

7. Name and Address of New Registered Agent

Name - ~~BURKETT, SCOTT~~
Street Address (P.O. Box Number is Not Acceptable)
6920 Blossom Hill
Wewah FL 32465
City Wewah FL Zip Code 32465

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

Scott Burgett

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 PD
NAME BURKETT, SCOTT
STREET ADDRESS 1905 GARRISON AVENUE
CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ Delete

TITLE VD
NAME PEIFFER, BRIAN
STREET ADDRESS 1315 GARRISON AVENUE
CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ Delete

TITLE SD
NAME BRIGHT, DEWEY
STREET ADDRESS P.O. BOX 344
CITY-ST-ZIP PORT ST. JOE FL 32457 ☐ Delete

TITLE TD
NAME MAGNESS, ALBERTO
STREET ADDRESS 512 8TH STREET
CITY-ST-ZIP PORT ST. JOE FL 32456 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE TD
NAME *PAUL Rushing*
STREET ADDRESS *226 Selfish Highway*
CITY-ST-ZIP *Port St Joe FL 32465* ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

227-5952

Date

Daytime Phone #

CR2E034 (10/02)