

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90020 020 ***150.00

DOCUMENT # P02000121954

1. Entity Name

ULTRA CLEAN OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

17368 HUANCAY LANE
PUNTA GORDA FL 33955

Mailing Address

17368 HUANCAY LANE
PUNTA GORDA FL 33955

2. Principal Place of Business

2860 Pine Shadows
Suite, Apt. #, etc.
Bldg 5A Runway St.

3. Mailing Address

24422 Rio Tegos Rd
Suite, Apt. #, etc.

City & State

North Fort Meyers

City & State

Punta Gorda

Zip

33917

Country

Lee

Zip

33955

Country

Charlotte



MOORE

CR2E034 (11/03)

4. FEI Number

81-0579817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, JOHN
17368 HUANCAY LANE
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name John Francis

Street Address (P.O. Box Number is Not Acceptable)
24422 Rio Tegos Rd.

City Punta Gorda

FL

Zip Code

33955

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

John Francis John Francis President

2-28-04

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, 2004 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 D ☐ Delete
NAME FRANCIS, JOHN
STREET ADDRESS 17368 HUANCAY LANE 24422 Rio Tegos Rd.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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

TITLE ☐ Change ☐ Addition
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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:

John Francis John Francis

2-28-04

941-505-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #