

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

DOCUMENT # P94000025708

1. Entity Name

MULLIGAN'S PRESSURE CLEANING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1004 Manatee Road #H-303

Suite, Apt. #, etc.

#H-303

City & State

Naples, FL 34114

Zip
34114

Country
Collier

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip
Same

Country
Same

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IN THIS SPACE**

4. FEI Number

65-0484860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peck, Daniel D Esquire

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

5801 Pelican Bay Blvd. Suite 103

City

Naples, FL

FL

Zip Code
34108

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Mulligan, L. Joseph
1004 Manatee Road #H303
Naples, FL 34114

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STREET ADDRESS
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V
Kneeland, Todd
2131 San Marco Road
Marco Island, FL 34145

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13. 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 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAY 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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