

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026840

1. Entity Name

PRESSURE SOLUTIONS, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90848 006 ***150.00

Principal Place of Business

Mailing Address

12350 S. BELCHER ROAD. BLDG. 4
LARGO FL 34643

12350 S. BELCHER ROAD. BLDG. 4
LARGO FL 33773-3008

2. Principal Place of Business

12350 S. Belcher Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 4

City & State

City & State

Largo FL

Zip

Country

33773-3008

U.S.

Zip

Country

4. FEI Number

59-2491931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLEKE, JON

12350 S. BELCHER ROAD, BLDG. 4
LARGO FL 34643

Name

Willeke, Jon

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

12350 S. Belcher Rd

Bldg. 4

City

Largo

FL

Zip Code

33773

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D WILLEKE, JON
STREET ADDRESS 7280 MERRIMONT BLVD
CITY-ST-ZIP SEMINOLE FL 33777

TITLE NAME ☒ Change ☐ Addition
D Willeke, Jon
STREET ADDRESS 2218 Ardon Avenue
CITY-ST-ZIP Orlando FL 32833

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE

Jon Willeke, Pres.

2-11-00

(727) 531-5827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)