

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90031 031 ***150.00

DOCUMENT # P94000026840

1. Entity Name

PRESSURE SOLUTIONS, INC.

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

659471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

City

FL

Zip Code

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, 2001 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 STREET ADDRESS CITY - ST - ZIP	D WILLEKE, JON 7280 MERRIMONT BLVD SEMINOLE FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Jon Willeke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Willeke, Pres.

(727) 531-5827

CR2E034 (9/99)

Attachment

659471

P94000026840

Herbert C. Long, Inc.
dba Wood & Long
Accounting, Tax Preparation, and Tax Representation
2531 Landmark Drive, Suite 205
Clearwater, Florida 33761
Phone 727-796-4504 * Fax 727-796-3673**

April 29, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Pressure Solutions, Inc.
Document No. P94000026840
EIN: 59-2491931

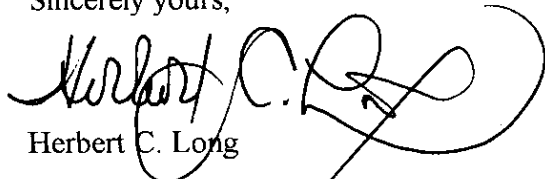
Dear Sir or Madam:

We have enclosed the Form 2001 Uniform Business Report (UBR) and a check in the amount of \$150 made payable to the Department of State to cover the annual fee for the above captioned taxpayer.

The taxpayer either misplaced the form you provided for 2001 or it was never received. The taxpayer attempted to secure a replacement, however due to time constraints and the filing deadline of May 1, 2001, we used a copy of the 2000 form --- changing only the applicable year.

If you need additional information please call me at 727-796-4504.

Sincerely yours,



Herbert C. Long

ENCLOSURE