

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050713

1. Entity Name

ENVIRO HOT PRESSURE WASHING, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90065 011 \*\*\*150.00

Principal Place of Business

2811 6TH STREET NW  
NAPLES FL 34120  
US

Mailing Address

2811 6TH STREET NW  
NAPLES FL 34120  
US

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 **65-0504015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, NEIL  
6017 PINE RIDGE RD  
STE 115  
NAPLES FL 34119

Name

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

City

State

Zip Code

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 resigning)

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 \$650.00**  
**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  
☐ Delete

D  
FRANKLIN, NEIL  
5331 MAHOGANY RIDGE DR  
NAPLES FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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D  
FRANKLIN, VANESSA H  
5331 MAHOGANY RIDGE DR  
NAPLES FL 34119

TITLE  
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2811 6TH ST NW  
NAPLES FL 34120

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2811 6TH ST NW  
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N FRANKLIN

Date

4/19/01

Daytime Phone #

941 290 5627

CR2E034 (10/00)