

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90097 012 ***150.00

DOCUMENT # P95000024623**1. Entity Name**
B & J PRESSURE WASHERS, INC.**Principal Place of Business****5250 HAWK DR.**
KISSIMMEE FL 34746**Mailing Address****5250 HAWK DR.**
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**524 CARLSBAD DR.**

Suite, Apt. #, etc.

3. Mailing Address**524 CARLSBAD DR.**

Suite, Apt. #, etc.

City & State**KISSIMMEE, FL.****City & State****KISSIMMEE, FL.****4. FEI Number** **NOT APPLICABLE**

Applied For

Not Applicable

Zip**Country****34758-3201 OSCEOLA****Zip****Country****34758-3201 OSCEOLA****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****MARRS, DONALD L**
5250 HAWK DR.
KISSIMMEE FL 34746**7. Name and Address of New Registered Agent**

Name

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

City

FL

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 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, 2002 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**

| | | |
|-----------------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARRS, DONALD L | |
| STREET ADDRESS | 5250 HAWK DR. | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARRS, JOAN | |
| STREET ADDRESS | 5250 HAWK DR. | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 407-932-0646

Date

Daytime Phone #

CR2E034 (9/01)