

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081124  
1. Entity Name  
Five Star Pressure Cleaning, Inc.

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

05-22-2001 90025 009 \*\*\*150.00

Principal Place of Business Mailing Address  
3265 NW 37 Street  
Fort Lauderdale, Florida 33309

552142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3265 NW 37 St Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Fort Lauderdale, FL  
City & State City & State  
Florida  
Zip Country Zip Country  
33309 Broward

4. FEI Number 65-0615669 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Lawrence J. Spiegel CHRTD  
343 Almeria Avenue  
Coral Gables, FL 33134

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 use if applicable (NOTE: Registered Agent signature required when re-registering) 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PSTP Winchester Robert	3265 NW 37 Street	Fort Lauderdale FL 33309	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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] President 4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)