# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018462 -AMENDED-

1. Entity Name

MAR'S PRESSURE WASHING & PAINTING, INC.

FILED
01 FEB 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 9820 GRETNA GREEN DRIVE<br>TAMPA FL 33626 | 9820 GRETNA GREEN DRIVE<br>TAMPA FL 33626 |

| 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 59-3354273 ☐ 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 |
|---|---|
| CREASON, CHERYL A EA<br>ABACUS BUSINESS & TAX SVS.INC.<br>105 7TH AVE NE<br>RUSKIN FL 33570 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | PT<br>CABALLERO, OMAR T<br~~6820 W. PATTERSON ST~~. 9820 GretnaGreenDr.<br>TAMPA FL ~~33646~~ 33626 | ☑ Delete | V.P.T<br>Omar T. Caballero<br>9820 Gretna Green Dr<br>Tampa FL 33626 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Audrey Caballero<br>9820 Gretna Green Dr.<br>Tampa, FL. 33626 | ☑ Delete | P<br>Audrey k. Caballero<br>9820 Green Dr<br>Tampa, FL. 33626 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 100003746211--5<br>-02/21/01--01112--008<br>*****70.00 *****70.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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: Audrey K. Caballero 02-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #