

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000058487**

1. Entity Name

UNDER PRESSURE SANDBLASTING INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90036 034 ***150.00

Principal Place of Business

Mailing Address

**3773 CENTRAL AVE., #A677
ST. PETERSBURG FL 33713-8338****3773 CENTRAL AVE., #A677
ST. PETERSBURG FL 33713-8338**

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 **59-3398314**

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****WINEBRENNER, J.M.
3773 CENTRAL AVE., #A677
ST. PETERSBURG FL 33713-8338**

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, 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 ☐ Delete
NAME **PD**
STREET ADDRESS **HOEL, MICHAEL E**
CITY-ST-ZIP **17818-C JAMESTOWN WAY
LUTZ FL 33549**☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **17842 SUNRISE DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**TITLE ☒ Delete
NAME **V**
STREET ADDRESS **JAGARS, JOHN W**
CITY-ST-ZIP **7 HARBOR POINT PLACE
SAFETY HARBOR FL 34965**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIP☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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

MICHAEL HOEL**4/27/01**

Date

727/327-1202

Daytime Phone #

CR2E034 (10/00)