2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P96000098942 DOCUMENT #

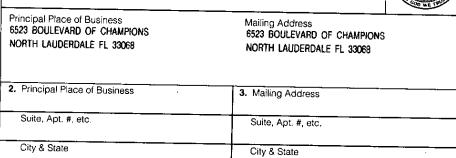


02-17-2003 90253 030 ***150.00

Feb 17, 2003 8:00 am Secretary of State

FILED

MGM PRESSURE CLEANING, INC.



Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0709794

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

Country

MICHNOWICZ, MICHAEL G SR 6523 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE FL 33068

the obligations of registered agent.

Zip

SIGNATURE

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

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

City 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. I am familiar with, and accept

c .	FUE NOWIN THE 15 ALCOHOL
(·	FILE NOW!!! FEE IS \$150.00
Ŋ	After May 1, 2003 Fee will be \$550.00 (c) Check Payable to Florida Department of State
Mal	Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition MICHNOWICZ, MICHAEL G SR. NAME NAME 6523 BOULEVARD OF CHAMPIONS STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME ORTIZ. GAMALIER D NAME 6523 BLVD OF CHAMPIONS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-7IP 1ST0~~ De ete TITLE Change ☐ Addition NAME CLAY, SCOTT NAME STREET ADDRESS 6523 BLVD OF CHAMPIONS STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP VΡ Delete TITLE Change ☐ Addition MICHNOWICZ, LINDA NAME NAME STREET ADDRESS 6523 BLVD. OF CHAMPIONS STREET ADDRESS N. LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

(NOTE: Registered Agent signature required when reinstating)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTORY