

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90166 044 \*\*\*150.00

**DOCUMENT # P97000059654**

**1. Entity Name**  
**PRECISION CLEANING CONCEPTS, INC.**

**Principal Place of Business**

**6814 REMBRANDT DR**  
**ORLANDO FL 32818**  
**US**

**Mailing Address**

**6814 REMBRANDT DR**  
**ORLANDO FL 32818**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1427 CEDAR CLENN DR**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1108 CAMBRIDGE CT.**  
 Suite, Apt. #, etc.

**City & State**

**APOPIKA, FL.**

**City & State**

**LONGWOOD FL.**

**4. FEI Number**

**59-3457702**

**Applied For**

**Not Applicable**

**Zip**

**32712**

**Country**

**ORANGE**

**Zip**

**32779**

**Country**

**SEMINOLE**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVID A HOWARD**  
**6814 REMBRANDT DRIVE**  
**ORLANDO FL 32818**

**7. Name and Address of New Registered Agent**

**Name DAVID A HOWARD**

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

**1108 CAMBRIDGE CT.**

**City LONGWOOD**

**FL**

**Zip Code**

**32779**

**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 DAVID A HOWARD**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/21/02**  
 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HOWARD, GARY P</b>	
<b>STREET ADDRESS</b>	<b>6814 REMBRANDT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32818</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HOWARD, DAVID A</b>	
<b>STREET ADDRESS</b>	<b>1108 CAMBRIDGE COURT</b>	
<b>CITY-ST-ZIP</b>	<b>LONGWOOD FL 32779</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>HOWARD, GARY P</b>	
<b>STREET ADDRESS</b>	<b>1427 CEDAR CLENN DR.</b>	
<b>CITY-ST-ZIP</b>	<b>APOPIKA, FL. 32712</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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: DAVID A. HOWARD V.P.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/21/02** Daytime Phone #: **407-682-4894**

CR2E034 (9/01)