2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91220 003 ***150.00

551399

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000079367

1. Entity Name
A BROTHER'S PRESSURE CLEANING, INC.

Principal Place of Business	Mailing Address
3003 EAST TERR., NE PALM BAY FL 32905	3003 EAST TERR., NE PALM BAY FL 32905

2. Principal Place of Business	3. Mailing Address
FloriDA	1175 WiNDiNgDAle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Fl	City & State
Zip: 32909 / Country	Zip / Country

4. FEI Number 59-3492189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OVENS, MICHAEL J
3003 EAST TERR., NE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1175 WiNDiNgDAle ST.S.E.

City Palm Bay FL Zip Code 32909

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] President — DATE 1 MAY 2001
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	D OVENS, MICHAEL J 3003 EAST TERR., NE PALM BAY FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1175 WiNDingDAle ST S.E. 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] Pres. — 1 May 2001 — 321-722-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)