

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90109 030 ***150.00

DOCUMENT # P97000090778

1. Entity Name

TOP TO BOTTOM PRESSURE CLEANING, INC.

Principal Place of Business

Mailing Address

**9640 N.W. 52 PLACE
CORAL SPRINGS FL 33076****9640 N.W. 52 PLACE
CORAL SPRINGS FL 33076**

2. Principal Place of Business

3. Mailing Address

8960 NW 23rd St**8960 NW 23rd St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

USA

Zip

33065

Country

USA4. FEI Number **65-0785996**

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

**CLAIRE, WILLIAM F
9640 N.W. 52 PLACE
CORAL SPRINGS FL 33076**Name **Claire F. William**

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

8960 NW 23rd StCity **Coral Springs****FL**Zip Code **33065**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	CLAIRE, WILLIAM F								
	9640 N.W. 52 PLACE								
	CORAL SPRINGS FL 33076								
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	CLAIRE, MARY								
	9640 N.W. 52 PLACE								
	CORAL SPRINGS FL 33076								
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mary Claire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Claire (D)**4/24/01**

Date

(954)**344-5401**

Daytime Phone #

CR2E034 (10/00)