

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90049 003 \*\*\*150.00

**DOCUMENT # P98000029410**

1. Entity Name  
**BLICK'S POWER WASH, INC.**



Principal Place of Business  
**2632 SILVER PALM DRIVE  
EDGEWATER FL 32141**

Mailing Address  
**2632 SILVER PALM DRIVE  
EDGEWATER FL 32141**

2. Principal Place of Business  
**2632 Silver Palm Dr.**

3. Mailing Address  
**SAME**

City & State  
**EDGEWATER, FL**

City & State

4. FEI Number **59-3503277**

Applied For  
Not Applicable

Zip **32141** Country **USA**

Zip Country

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

CHECK HERE IF MAKING CHANGES

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

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

**SLATER FINANCIAL SERVICES INC  
3869 S NOCA RD #1  
PORT ORANGE FL 32127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>BLICKER, MICHAEL F</b>	
STREET ADDRESS	<b>2632 SILVER PALM DRIVE</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BLICKER, MICHAEL C</b>	
STREET ADDRESS	<b>2632 SILVER PALM DRIVE</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BLICKEN, MICHAEL F</b>	
STREET ADDRESS	<b>2632 SILVER PALM DRIVE</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-10-03** Daytime Phone #

CR2E034 (4/03)

Attachment#

8046648  
D98000029410



**Blick's Power Wash, Inc.**

2632 SILVER PALM DR  
EDGEWATER, FL 32141

Phone (386)428-5001  
Fax (386)428-5755

September 05, 2003

Dear To whom it may concern,

I am mailing a check for \$150.00 because i did not receive this form until after the date i was to send it out.

I think the address has been changed by now so we don't get into this situation again.

thank you for your assistance.

  
Sincerely,

Michael F. Blicher