## **DOCUMENT #** P98000032739

1. Entity Name

PERFORMANCE PRESSURE WASHING, INC.

Principal Place of Business

178 VERSAILLES DR APT C MELBOURNE BEACH FL 32951 Mailing Address

178 VERSAILLES DR APT C MELBOURNE BEACH FL 32951

**FILED** May 05, 2002 8:00 am § Secretary of State 05-05-2002 90307 013 \*\*\*150.00

358538

| 2. Principal  | Place of Business  | 3. Mailing Address   |   |                                  |  |                             |                               |  |  |
|---|--|--|---|----------------------------------|--|-----------------------------|-------------------------------|--|--|
| Suite, Apt. #, etc.                                 |  |  | Illes Dr  |                                  | DO NOT WRITE IN THIS SPACE   |                             |                               |  |  |
| MELBOURNE BEACH, FL City& State MELBOURNE BE        |  |  | BEACH,  | E/ 4.                            | FEI Number 59-350586   | າ <del></del> +             | Applied For<br>Not Applicable |  |  |
| 329   | <del></del>  | 32951  | Country<br>USA                                    |                                  | Certificate of Status Desired  | \$8.75 A<br>Fee Requi       |                               |  |  |
|   | 6. Name and Address of Current R   | egistered Agent  |   | 7.                               | Name and Address of New I  | Registered Agent            |                               |  |  |
|   | Y, ROBERT D  | Street   | Street Address 4P.O. Box Number is My Acceptable) |                                  |  |                             |                               |  |  |
| 178 VERSAILLES DR APT C<br>MELBOURNE BEACH FL 32951 |  |  |   | 149-1 YCKSHITICS DK              |  |                             |                               |  |  |
| MELBOU  | INE BEACH FL 32951   |  |   |                                  | 6  |                             |                               |  |  |
| <u> </u>  |  |  |   | MELBOURNE BEACH FL 192951        |  |                             |                               |  |  |
| 8. The above  | named entity submits this statement for t  | he purpose of changing its                                 | registered office o                               | r registered a                   | gent, or both, in the State of Flo                                   | orida.                      |                               |  |  |
| SIGNATURE .   | Signature, typed or printed name or posiclered agent and   |  | : Registered Agent signa                          |                                  |  | 9/14/02                     | ·                             |  |  |
| Tax filing (<br>(See criter                         | is corporation is eligible to satisfy its Intangible ax filing requirement and elects to do so. lee criteria on back)  FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to |  | 2 Fee will be \$                                  | 550.00                           | Election Campaign Fir     Trust Fund Contributio                     | Ψυ.                         | 00 May Be                     |  |  |
| 11.   | OFFICERS AND DI  |  | 12.   | Αſ                               | ODITIONS/CHANGES TO OFF  | ICERS AND DIRECTOR          | RS IN 11                      |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP                     | D<br>SCHOLEY, ROBERT D<br>178 VERSAILLES DR APT C<br>MELBOURNE BEACH FL 32951  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP             |                                  |  | ☐ Change                    | ☐ Addition                    |  |  |
| TITLE   | D  | ☐ Delete   | TITLE   | "                                |  | <b>▼</b> Change             | Addition                      |  |  |
| NAME ·  | MEYER, ROBERT A  |  | NAME  |                                  |  | · •                         | L.J Addition                  |  |  |
| STREET ADDRESS                                      | 1570 S 75 ST #1  |  | STREET ADDRESS                                    | 142-1                            | F YERSAILLES   | DE                          | ا درمه                        |  |  |
| CITY-ST-ZIP   | WEST ALLIS WI 53214  |  | CITY-ST-ZIP                                       | MELE                             | F VERSAIILES<br>BOURNE BEAC  | W FL 30                     | 295 /                         |  |  |
| TITLE .   |  | ☐ Delete   | TITLE   |                                  |  | ☐ Change                    | Addition                      |  |  |
| STREET ADDRESS                                      |  |  | STREET ADDRESS                                    |                                  |  |                             |                               |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP                                       |                                  |  |                             |                               |  |  |
| TITLE   |  | ☐ Delete   | TITLE   |                                  | <del></del>  | - <del></del>               |                               |  |  |
| NAME  |  | □ Delete   | NAME  |                                  |  | ☐ Change                    | ☐ Addition                    |  |  |
| STREET ADDRESS                                      |  |  | STREET ADDRESS                                    |                                  |  |                             | ľ                             |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP                                       | •                                |  |                             |                               |  |  |
| TITLE   | 1  | ☐ Delete   | TITLE   |                                  |  | Change                      | Addition                      |  |  |
| NAME  |  |  | NAME  |                                  |  | □ Change                    | L Addition                    |  |  |
| STREET ADDRESS                                      |  |  | STREET ADDRESS                                    |                                  |  |                             |                               |  |  |
| CITY-ST-ZIP   |  | <u> </u>   | CITY-ST-ZIP                                       | . <u>.</u> .                     |  |                             | Ì                             |  |  |
| IITLE   |  | ☐ Delete   | TITLE   | <u>-</u>                         |  | ☐ Change                    | Addition                      |  |  |
| NAME<br>STREET ADDRESS                              |  |  | NAME  |                                  |  |                             |                               |  |  |
| CITY-ST-ZIP   |  |  | STREET ADDRESS                                    |                                  |  |                             |                               |  |  |
| L   | salifi al a al a a l   |  | CITY-ST-ZIP                                       |                                  |  |                             |                               |  |  |
| indicated of<br>the corp                            | ertify that the information supplied with this on this report or supplemental report is true   | s filing does not qualify for the and accurate and that my | ne exemption state<br>signature shall ha          | ed in Section 1<br>ve the same I | 119.07(3)(i), Florida Statutes. I<br>egal effect as if made under oa | further certify that the in | nformation<br>or director     |  |  |

ute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if