2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800066806 1. Entity Name MOP WASHER, INC.					FILED 00 MAR - 8 PM 1: 02			
Principal Place of Business Mailing Address					SECRETARY OF TALLAMASSEE: 1	FLORIDA		
40 BAYFRONT PARKWAY ENSACOLA FL 32501		440 BAYFRONT PARKWAY PENSACOLA FL 32501-6158			(),00			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4.	FEI Number 59-3538003	<u> </u>	oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registered			
		A	Name					
REECE, BRIAN D 440 BAYFRONT PARKWAY PENSACOLA FL 32501			Street Add	ress (P.O. B	Box Number is Not Acceptable)	·		
PEN	SACULA FL 32301		City		FI	Zip Cod	e	
9 The above	named entity submits this statement for the	ne purpose of changing its r	L egistered office or re	gistered ag		<u> </u>		
This corporation is eligible to satisfy its Intangible			Pegistered Agent signature r PEE IS \$150.00 Pee will be \$550 To Department o	.00	10. Election Campaign Financing		May Be	
11.	OFFICERS AND DI	RECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REECE, BRAIN D 440 BAYFRONT PARKWAY PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		700003171 -03/15/000 ****150.00	11010 ****15	16	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, GLENN C JR 307 EDGEWATER DR. PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	v signature shall have	e the same.	legal effect as if made under oath: that I	ertify that the in	nformation or director	