

FILED
Jul 01, 2002 8:00 am
Secretary of State

04-24-2002 90306 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000924

1. Entity Name
ALL WAYS WINDOW WASHING AND PRESSURE CLEANING, I NC.

Principal Place of Business Mailing Address
6291 AUSTEL COURT 6291 AUSTEL COURT old Address
LAKE WORTH FL 33463 LAKE WORTH FL 33463

2. Principal Place of Business 3. Mailing Address
8153 Pelican harbour dr. 8153 Pelican harbour dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
LAKE WORTH FL LAKE WORTH FL 65-0982026 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
FL 33467 Country 33467 Country

37036



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent:

~~John Sylvain~~ Name **John Sylvain**
8153 PELICAN HBR DR Street Address (P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33467 **8153 Pelican harbour dr.**
 City **LAKE WORTH** City **LAKE WORTH** FL Zip Code **33467**

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 John Sylvain - owner - John Sylvain DATE 5-10-02

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, 2002 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 SYLVAIN, JOHN 6291 AUSTEL COURT LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Sylvain 8153 Pelican harbour dr. LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 REQUIRED** Date 3-29-02

CR2004 (9/01)