FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P99000017821 1. Entity Name 04-30-2002 90093 008 \*\*\*150 00 JON'S PRESSURE CLEANING & WINDOW CLEANING, INC. Principal Place of Business Mailing Address 7848 SONOMA SPRING CIRCLE 7848 SONOMA SPRING CIRCLE 102 LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0917814 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jo-Ann CANTOR, JO-ANN Street Address (P.O. Box Number is Not Acceptable) 7848 SONOMA SPRINGS CIRCLE C. Durham # 201 LAKE WORTH FL 33463 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE (10/6) ☐ Defete ☐ Addition NAME CANTOR, JO-ANN NAME CR2E034 STREET ADDRESS 7848 SONOMA SPRINGS CIRCLE # 201 STREET ADDRESS C. Durham Drive CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP Lake Worth, FL 33467 TITLE **VP** TITLE ☐ Delete Change ☐ Addition NAME CANTOR, JON NAME C. Durham Orive STREET ADDRESS 7848 SONOMA SPRINGS CIRCLE # 201 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP Worth, FL 33467 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP TITLE ☐ Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.