FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90055 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026686

1. Entity Name: Mike's Pressure Cleaning, Inc.

Principal Place of Business / Mailing Address: 9416 NW 73rd Court, Tamarac, FL. 33321

770625

2. Principal Place of Business: 9416 NW 73rd Ct. — Suite, Apt. #, etc. — City & State: Tamarac, FL — Zip: 33321 — Country: USA, Broward

3. Mailing Address: 9416 NW 73rd Ct. — Suite, Apt. #, etc. — City & State: Tamarac, FL — Zip: 33321 — Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0920165 — Applied For — Not Applicable

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

6. Name and Address of Current Registered Agent

Tami Celano
9416 NW 73rd Court
Tamarac, FL. 33321

7. Name and Address of New Registered Agent

Name: Tami Celano
Street Address (P.O. Box Number is Not Acceptable): 9416 NW 73rd Court
City: Tamarac **FL** Zip Code: 33321

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] Tami Celano — 4/27/01
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

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, 2001 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

TITLE	P/D	☐ Delete
NAME	Mike Celano	
STREET ADDRESS	9416 NW 73rd Ct	
CITY-ST-ZIP	Tamarac, FL. 33321	
TITLE	S/T/D	☐ Delete
NAME	Tami Celano	
STREET ADDRESS	9416 NW 73rd Ct	
CITY-ST-ZIP	Tamarac, FL. 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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] / Tami L. Celano 4/27/01 (954)724-8504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #