

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90033 048 ***150.00

DOCUMENT # P99000029957

1. Entity Name

MOBILE HOSE & SPRAY OF S.W. FLORIDA, INC.

Principal Place of Business

**708 PIONEER TRAIL
 NAPLES FL 34117
 US**

Mailing Address

**9210 66 AVE DR E
 BRADENTON FL 34202-9629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0906248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIPPERER, JOHN
 9210 66 AVE DR E
 BRADENTON FL 34202-9629**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **ZIPPERER, JOHN**
 STREET ADDRESS **9210 66 AVE DR E**
 CITY-ST-ZIP **BRADENTON FL 34202-9629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **HACKNEY, STEVE**
 STREET ADDRESS **708 PIONEER TR**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: X **SIGNATURE REQUIRED** *John Zipperer* *9-5-01* *941-925-4957*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



To Whom it may Concern,

9-5-01.

We never received a Uniform Business Report for the S.W. Division of our Company earlier this year. Consequently, it was never paid. Spoke

~~to someone @ your office today - she instructed~~ me to write this letter explaining why the fee was never paid and send you a check for \$150.00. Sorry for the delinquency - had I received it, I would have paid it promptly as I have in years past.

Thank you,

John A. Zipperer
President