

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90280 039 ***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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

708 PIONEER TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

4. FEI Number

65-0906248

Applied For

Not Applicable

Zip

Country

Zip

Country

34117

USA

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

HACKNEY, STEVE

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

708 PIONEER TRAIL

City

NAPLES

FL

Zip Code **34117**

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 **STEVE HACKNEY**
 Signature, typed or printed name of registered agent and title if applicable.

(If Officer or Registered Agent signature required when reinstating)

02-24-02
 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, 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 **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 **PD** ☒ 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:

STEVE HACKNEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-24-02 941-564-9176

CR2E034 (9/01)