2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # P9900030728 **Secretary of State** 1. Entity Name ALL CLEAN PRESSURE CLEANING, INC. 01-30-2001 90040 031 ***150.00 Principal Place of Business Mailing Address 17426 JAMAICA LANE 17426 JAMAICA LANE SUGARLOAF SHORES FL 33040 SUGARLOAF SHORES FL 33040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0909286 Not Applicable UGARLOAF **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEREZ, BERCHAM Street Address (P.O. Box Number is Not Acceptable) 2614 STAPLES AVENUE KEY WEST FL 33040 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVPD** Addition ☐ Delete TITLE TITLE GEREZ, GREGORY NAME NAME STREET ADDRESS 17426 JAMAICA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF SHORES FL 33040 TITLE TITLE ☐ Delete **GEREZ, TANYA** NAME NAME 17426 JAMAICA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF SHORES FL 33040 ---TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-7IP

TITLE

NAME

Pares TANYA GEREZ

☐ Delete

1-2-00 3657453732

Change

☐ Addition

Daytime P

) +COUVED