

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043089

1. Entity Name

C & J PRESSURE CLEANING OF SOUTH FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90049 012 ***150.00

Principal Place of Business

Mailing Address

5642 EAGLE TRACE COURT
 LAKE WORTH FL 33463

5642 EAGLE TRACE COURT
 LAKE WORTH FL 33463-7397

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

65-0924546

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

ALAN FEIGENBAUM

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

200 KNOTH RD.

City

BOYNTON BEACH

FL

Zip Code

33436

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

1/26/2000

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, 2000 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 PTD
 NAME LADAGANA, CHRISTOPHER P
 STREET ADDRESS 5642 EAGLE TRACE COURT
 CITY-ST-ZIP LAKE WORTH FL 33463

☐ Delete

TITLE SVD
 NAME COOK, JOHN
 STREET ADDRESS 5642 EAGLE TRACE COURT
 CITY-ST-ZIP LAKE WORTH FL 33463

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00

Date

310-2030

Daytime Phone #

CR2E034 (9/99)