

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90252 044 ***150.00

0458567 AN

DOCUMENT # P99000070804

1. Entity Name
ALFRED'S PRESSURE CLEANING, INC.

Principal Place of Business
1365 HAMLIN DRIVE
CLEARWATER FL 33764

Mailing Address
1365 HAMLIN DRIVE
CLEARWATER FL 33764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1647 BAY HILL DRIVE

3. Mailing Address
1647 BAY HILL DRIVE

Suite, Apt. #, etc.

City & State
OLDSMAR, FLORIDA

City & State
OLDSMAR, FLORIDA

4. FEI Number **59-3591810** Applied For
 Not Applicable

Zip **34677** Country **PINELLAS** Zip **34677** Country **PINELLAS**

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

6. Name and Address of Current Registered Agent
MUSTAFARAT, ALFRED J
1365 HAMLIN DRIVE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1647 BAY HILL DRIVE
 City **OLDSMAR** FL Zip Code **34677**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PTD MUSTAFARAJ, ALFRED 1365 HAMLIN DRIVE CLEARWATER FL 33764 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MUSTAFARAJ, LJULIETA 1365 HAMLIN DRIVE CLEARWATER FL 33764 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(l), 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]* SECRETARY **1/15/2002 727-784-2395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)