

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079143

1. Entity Name  
ULTIMATE PRESSURE CLEANING, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90078 045 \*\*\*150.00

Principal Place of Business  
2142 JAGUAR AVE.  
PORT ST. LUCIE FL 34953

Mailing Address  
2142 JAGUAR AVE.  
PORT ST. LUCIE FL 34953

2. Principal Place of Business  
10903 Hawkview Circle  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 7546  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Stuart, Florida  
Zip  
34997  
Country  
Martin

City & State  
Port St. Lucie, FL  
Zip  
34985  
Country  
St Lucie

4. FEI Number 65-0953462  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name Daniel MacDougall  
Street Address (P.O. Box Number is Not Acceptable)  
10903 Hawkview Circle  
City Stuart FL Zip Code 34997

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2001 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

TITLE PSD  
NAME MACDOUGALL, DANIAL  
STREET ADDRESS 2142 JAGUAR AVE.  
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE VSD  
NAME MACDOUGALL, TAMMY K  
STREET ADDRESS 2142 JAGUAR AVE.  
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Daniel MacDougall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 561 3445323  
Date Daytime Phone #

CR2E034 (10/00)