

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092277

1. Entity Name

PRESSURE CLEANING PLUS...INC.

(R)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90004 012 ***150.00

Principal Place of Business

248 HILLVIEW ROAD
VENICE FL 34293

Mailing Address

248 HILLVIEW ROAD
VENICE FL 34293

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

65-0961032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARESCH, TAMARA T
248 HILLVIEW ROAD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARESCH, STEPHEN M
248 HILLVIEW ROAD
VENICE FL 34293
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARESCH, TAMARA T
248 HILLVIEW ROAD
VENICE FL 34293
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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

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☐ 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:

Stephen M Maresch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2000

Date

941-497-1896

Daytime Phone #

CR2E034 (5/00)

Attachment 7/24/2000
#99900092277
DWTX189

To whom it my concern,

I sent this report in April. My check was not filled out properly. The State sent it back to me and I filled it out then sent it back in June. Now I'm finding out that the State never received the check the 2nd time. I've canceled payment on the 1st check. I was told by someone in the Division of Corp. that I could simply write another check for \$150.00 and re issue my report. Any ?'s please call Steve at 941-497-1896

Thank you

Steve Marsala