

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 014 ***150.00

DOCUMENT # P99000093296

1. Entity Name
HANSON'S PRESSURE WASHING, INC.

Principal Place of Business Mailing Address
15816 RYE LANE 15816 RYE LANE
TAMPA FL 33625 TAMPA FL 33625

2. Principal Place of Business 3. Mailing Address
2727 West Fletcher 2727 West Fletcher
 Suite (Apt. #, etc.) Suite (Apt. #, etc.)
16-B APT 16-B

City & State City & State
Tampa Florida Tampa Florida
 Zip Country Zip Country
33618 Hillsborough 33618 Hills

4. FEI Number **59-3605966** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COLLETTE, CALVIN
15816 RYE LANE
TAMPA FL 33625

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 Calvin C. Collette Carl J. [Signature] 5/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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, 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COLLETTE, CALVIN 15816 RYE LANE TAMPA FL 33625 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLLETTE, ELIZABETH 15816 RYE LANE TAMPA FL 33625 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Collette Calvin 2727 West Fletcher APT 16-B Tampa FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD collette Elizabeth 2727 West Fletcher Tampa FL 33618 APT-16-B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: Carl J. [Signature] 5/1/02 813-973-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment of Doc# ~~99000093296~~

To Whom it may concern, 436667

I'm writing this letter in regards to ⁶⁰¹⁸⁵⁰³⁷
my payment being late. I have moved
2 times and put in for change of
address both times. I have called the
Uniform Business Report office and gave
them my new address trying to get
a form to mail with my check. On
May the 9th I received this form that
I am mailing with my check. I know
that the penalty is \$400. after the
1st of may, but I don't think I'm
fully responsible for being late. I
have made 4 phone calls to the office
of Uniform Business Report Filings, trying
to get this taken care of long before
May 1st. I have always paid my
corporate fee on time in years past.
I have dated this check and form
for may 1st. Hoping this won't become
a problem.

Sincerely,

Calvin + Elizabeth Collett