

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111726

1. Entity Name

SQUEEKY KLEEN PRESSURE CLEANING INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 014 ***150.00

Principal Place of Business

Mailing Address

6800 N.W. GAINSEVILLE ROAD
OCALA FL 34475

6800 N.W. GAINSEVILLE ROAD
OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

801 NW 42nd St

801 NW 42nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FL 34475-1578

City & State

OCALA FL 34475-1578

4. FEI Number

59-3618464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHALEN, THOMAS JR

~~6800 N.W. GAINSEVILLE ROAD~~ 801 NW 42 ST
OCALA FL 34475-1578

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

Thomas P. Whalen Jr
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-23-2000

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME
STREET ADDRESS
CITY-ST-ZIP

THOMAS WHALEN JR
801 NW 42nd ST
OCALA FL 34475-1578

☐ Delete

TITLE
NAME
STREET ADDRESS
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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

Thomas P. Whalen Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-2000 352-368-2382