2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # .22968 1. Entity Name 03-07-2002 90018 028 ***150.00 AA PAINTING & PRESSURE CLEANING, INC. Principal Place of Business Mailing Address 9310 BLADON ST 9310 BLADON ST SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite; Aptr#retc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2973876 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALEO, CARLO Street Address (P.O. Box Number is Not Acceptable) 9310 BLADON ST SPRING HILL FL 34608 Zip Code City 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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 -Tax-filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria ch back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE DP. ☐ Delete NAME DALEO, CARLO NAMÉ STREET ADDRESS 9310 BLADON ST STREET ADDRESS SPRING HILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DST DALEO, CAROL NAME NAME STREET ADDRESS 9310 BLADON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Leb 20,02 Daytime Phone #