

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

4/4/2  
 4

04-04-2003 90133 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000013376**  
 1. Entity Name  
**ABOVE AND BEYOND CARPET CARE AND RESTORATION, INC.**



**55039280**

Principal Place of Business  
 2419 NW 93RD STREET  
 GAINESVILLE FL 32606

Mailing Address  
 2419 NW 93RD STREET  
 GAINESVILLE FL 32606



2. Principal Place of Business **2419 N.W. 93rd**  
 Suite, Apt. #, etc.

3. Mailing Address **2419 N.W. 93rd**  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State **GAINESVILLE FL**

Zip **32606** Country **USA**

4. FBI Number **80-0037360** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**FINNEGAN, LEITH**  
**2419 NW 93RD STREET**  
**GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Leith Finnegan (President)** *[Signature]* **1/27/03**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$560.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Leith Finnegan 2419 N.W. 93rd St 32606 Gainesville FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Leith Finnegan (President)** *[Signature]* **1/27/03** **(352) 332-0480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

CR2E034 (10/02)