

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

001033

**DOCUMENT # P99000105447**

04-09-2001 90003 041 \*\*\*150.00

1. Entity Name  
**ART'S CARPET CLEANING, INC.**

Principal Place of Business 129 IMPERIAL HEIGHTS DR. ORMOND BEACH FL 32176	Mailing Address 129 IMPERIAL HEIGHTS DR. ORMOND BEACH FL 32176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3616198</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>NUTT, JANET K</b> <b>129 IMPERIAL HEIGHTS DR.</b> <b>ORMOND BEACH FL 32176</b>			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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>NUTT, JANET K</b> <b>129 IMPERIAL HGTS DR</b> <b>ORMOND BEACH FL 32176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>NUTT, JANET K</b> <b>129 IMPERIAL HGTS, DR</b> <b>ORMOND BEACH FL 32176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NUTT, ROGER L</b> <b>129 IMPERIAL HGTS DR</b> <b>ORMOND BEACH FL 32176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Janet K. Nutt **JANET K. NUTT** 30 April 2001 386 4418305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)