

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90169 003 ***150.00

DOCUMENT # **P99000105447**



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**

2. Principal Place of Business
120 IMPERIAL HGTS. DR.
Suite, Apt. #, etc.

3. Mailing Address
120 IMPERIAL HGTS. DR.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3616198**

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

NUTT, JANET K
129 IMPERIAL HEIGHTS DR.
ORMOND BEACH FL 32176

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 *Janet K. Nutt*

DATE **1 April 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NUTT, JANET K 129 IMPERIAL HGTS DR ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUTT, ROGER L 129 IMPERIAL HGTS DR ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet K. Nutt* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1 April 2003**

DAYTIME PHONE # **386 441 5852**

CR2E034 (10/02)