## **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000089753

Entity Name: FLORIDA RUG CLINIC INC.

**Current Principal Place of Business:** 

3600 SW WOODCREEK TRL PALM CITY, FL 34990

**Current Mailing Address:** 

3600 SW WOODCREEK TRL PALM CITY, FL 34990 US

FEI Number: 82-3356727 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOSTEK, MICHAEL 3600 SW WOODCREEK TRL PALM CITY, FL 34990 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2021

**Secretary of State** 

6204442476CC

## Officer/Director Detail:

Title DIRECTOR, PRESIDENT,

TREASURER, SECRETARY, VP

Name KOSTEK, MICHAEL

Address 3600 SW WOODCREEK TRL

City-State-Zip: PALM CITY FL 34990

SIGNATURE: MICHAEL KOSTEK

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/30/2021 Date