

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543877

1. Entity Name  
CUSTOM CARPET CARE, INC.

Principal Place of Business

543 N. HWY.17-92  
LONGWOOD FL 32750

Mailing Address

543 N. US HIGHWAY 17/92  
LONGWOOD FL 32750  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

AUBILL, EDWARD R  
545 HWY 17-92 N  
LONGWOOD FL 32750

4. FEI Number 59-1807493

Applied For  
Not Applicable

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

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.

SIGNATURE

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

(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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE D  
NAME AUBILL, EDWARD R  
STREET ADDRESS 1301-13TH ST  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE SD  
NAME AUBILL, FANNIE M  
STREET ADDRESS 1301-13TH ST  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE T  
NAME RICE, BRUCE A  
STREET ADDRESS 531 N HWY 17-92  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANNIE AUBILL 1/7/2002 409-699-4300

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90013 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)