

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000107

1. Entity Name

RUG DOCTOR L.P., LIMITED PARTNERSHIP

FILED

00 JAN 28 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4701 OLD SHEPARD PLACE  
PLANO TX 75093

2788 NORTH LARKIN AVENUE  
FRESNO CA 93727-1315

2. Principal Place of Business

3. Mailing Address

4701 Old Shepard Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Plano, TX 75

4. FEI Number

16-1323190

Applied For

Not Applicable

Zip

Country

Zip

Country

75093-9065

USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. Capital Contributions  
as Shown on record.

\$7,525.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$7,525.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F93000004203  
NAME RUG DOCTOR, INC.  
STREET ADDRESS 1209 ORANGE STREET  
CITY - ST - ZIP WILMINGTON DE 19801

STREET ADDRESS 4701 Old Shepard Place  
CITY - ST - ZIP Plano, Texas 75093-9065

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

January 14, 2000 972/673-1400

Tim Davidian, Secretary/Treasurer, Rug Doctor, Inc.

Daytime Phone #