

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90025 028 ***150.00

DOCUMENT # F00000006791

1. Entity Name

QUALITY CARPET AND TILE CLEANERS, INC.

Principal Place of Business

Mailing Address

**7 LAFAYETTE STREET
 RIDGWAY PA 15853**

**7 LAFAYETTE STREET
 RIDGWAY PA 15853**

2. Principal Place of Business

3. Mailing Address

4163 Phillips Highway

4163 Phillips Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

Duval

Zip

32207

Country

Duval

4. FEI Number

25-1770960

Applied For

Not Applicable

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

**BEARDSLEY, DALE A ESQ.
 12 EAST BAY STREET
 JACKSONVILLE FL 32202**

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 *Shirley J. Ford*

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

(NOTE: Registered Agent signature required when reinstating)

2-14-01
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Delete
 NAME **FORD, DAVID L**
 STREET ADDRESS **7 LAFAYETTE STREET**
 CITY-ST-ZIP **RIDGWAY PA 15853**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Ford, David L.**
 STREET ADDRESS **4163 Phillips Highway**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **VD** ☒ Delete
 NAME **FORD, SHIRLEY L**
 STREET ADDRESS **7 LAFAYETTE STREET**
 CITY-ST-ZIP **RIDGWAY PA 15853**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Ford, Shirley J.**
 STREET ADDRESS **4163 Phillips Highway**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: *Shirley J. Ford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01
 Date

904-744-8000
 Daytime Phone #

CR2E034 (10/00)