

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90006 006 \*\*\*150.00

**DOCUMENT # H53595**

1. Entity Name

**ADVANCED CARPET CARE, INC.**

Principal Place of Business

Mailing Address

% PAUL ROBINSON  
5776 LAKE VILLE RD.  
ORLANDO FL 32818% PAUL ROBINSON  
5776 LAKE VILLE RD.  
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

6099 Silver star Rd

6099 silver star Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

City &amp; State

City &amp; State

Zip 32808

Country Orange

Zip 32808

Country Orange

4. FEI Number 59-2683057

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

ROBINSON, PAUL  
5776 LAKEVILLE RD.  
ORLANDO FL 32818

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, 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 PD  
NAME ROBINSON, PAUL  
STREET ADDRESS 5776 LAKEVILLE RD.  
CITY-ST-ZIP ORLANDO FL ☐ DeleteTITLE D  
NAME ROBINSON, WILLIAM JAMES  
STREET ADDRESS 3001 TRADEWINDS ROAD  
CITY-ST-ZIP ORLANDO FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE Robinson, William James.  
NAME 2925 lantern Dr.  
STREET ADDRESS South Daytona, FL 32119 ☒ Change ☐ Addition  
CITY-ST-ZIP **Address change**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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: *Paul Robinson Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)