## FILED Feb 17, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** J21056 1. Entity Name 02-17-2003 90253 048 \*\*\*150.00 BUDGET CARPET CLEANING, INC. Principal Place of Business Mailing Address 1922 NW 81 AVENUE 1922 NW 81 AVENUE ひひんひひひん CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2691036 Not Applicable Zip Country Zip Country \$8.75 - Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MEYER, IRWIN 1922 NW 81 AVENUE **CORAL SPRINGS FL 33063** 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. I am familiar with, and accept the obligations of registered agent. ŞIĞNATURE 2-14-2003 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEL & \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change MEYER JAWIN 1922 NW 81 AVENUE Addition NAME TERRY MEYER NAME STREET ADDRESS STREET ADDRESS 1922 N.W. 81 AVENUE coraí springs fl CITY-ST-ZIP CITY-ST-ZIP coral springs fl n ☐ Delete NAME Addition MEYER, TERRY NAME 9103 N.W. 43 COURT STREET ADDRESS 1922 N.W. 81ST AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ORAL SPRINGS FL TITLE - 🖃 - Defete TITLE-NAME nange ج -Addition NAME DEMISE STREET ADDRESS STREET ADDRESS 1922 NW 81 AVENUE CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. 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 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

MEYER Pres

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