2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90074 004 ***150.00

11007797

DOCUMENT # J98229

1. Entity Name
SAVAGE CARPET CLEANING SERVICES OF SOUTH FLORIDA , INC.

Principal Place of Business	Mailing Address
20210 N.E. 15 COURT NORTH MIAMI FL 33179 US	20210 N.E. 15 CT NORTH MIAMI FL 33179 US

2. Principal Place of Business		3. Mailing Address	
10242 N.W. 47 St.		10242 NW 47 St.	
Suite, Apt. #, etc.: Suite 39		Suite, Apt. #, etc.: Suite 39	
City & State: Sunrise, FL.		City & State: Sunrise Fl.	
Zip: 33351	Country: Broward	Zip: 33351	Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0010766 ☐ 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
SAVAGE, BRIAN JOHN PAUL ~~20210 N.E. 15 COURT~~ NORTH MIAMI FL 33179	Name: Brian Savage Street Address (P.O. Box Number is Not Acceptable): 10242 NW 47th St City: Sunrise FL Zip Code: 33351.

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.

SIGNATURE: [signature] DATE: 4-21-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAVAGE, BRIAN JOHN 20210 NE 1ST CT NORTH MIAMI FL 33179 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Pres. Brian John Savage 10242 NW 47th St., Suite 39 Sunrise, Fl 33351.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Date: 4-21-03 Daytime Phone #: 954-572-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR