

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 010 ***150.00

DOCUMENT # **K68351**

1. Entity Name
Sunshine Carpet Care of Palm Beach, Inc.

DO NOT WRITE IN THIS SPACE

B0068591

2. Principal Place of Business
698 SW 14th Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 27-6309
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FLA.
Zip
33486
Country
U.S.A.

City & State
Boca Raton FLA.
Zip
33427-6309
Country
U.S.A.

4. FEI Number
65-0106457
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jay H. TopeL
Street Address (P.O. Box Number is Not Acceptable)
698 SW 14th Street
City
Boca Raton **FL** Zip Code
33486

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
President
NAME
Jay H. TOPEL
STREET ADDRESS
698 SW 14th Street
CITY-ST-ZIP
Boca Raton, FLA. 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
Vice President
NAME
Sandra TopeL
STREET ADDRESS
698 SW 14th Street
CITY-ST-ZIP
Boca Raton, FLA. 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jay TopeL Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002
Date

561-391-8878
Daytime Phone #

CR2E034B (12/01)