

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 021 ***150.00

DOCUMENT # K96780

1. Entity Name
"TECHNIQUE" CARPET & UPHOLSTERY CLEANING, INC.



Principal Place of Business
**1151-A PASEO DEL SOL
CASSELBERRY FL 32707**

Mailing Address
**P.O. BOX 195605
WINTER SPRINGS FL 32719**



2. Principal Place of Business

1214 STONE HARBOUR RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FLORIDA

City & State

4. FEI Number **59-2962229**

Applied For

Not Applicable

Zip

Country **U.S.A.**

Zip

Country

32708

SEATTLE

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

FRUCCI, BRUCE T

425 FLATWOOD DRIVE

WINTER SPRINGS FL 32708

Name

FRUCCI, BRUCE T.

Street Address (P.O. Box Number is Not Acceptable)

1214 STONE HARBOUR RD.

City

WINTER SPRINGS

FL

Zip Code

32708

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **FRUCCI, BRUCE T**
STREET ADDRESS **425 FLATWOOD DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Change ☐ Addition
NAME **FRUCCI BRUCE T.**
STREET ADDRESS **1214 STONE HARBOUR RD.**
CITY-ST-ZIP **WINTER SPRINGS, FLORIDA 32708**

TITLE **P** ☐ Delete
NAME **FRUCCI, BRUCE T**
STREET ADDRESS **425 FLATWOOD DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **P** ☐ Change ☐ Addition
NAME **FRUCCI BRUCE T.**
STREET ADDRESS **1214 STONE HARBOUR RD.**
CITY-ST-ZIP **WINTER SPRINGS, FLORIDA 32708**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

BRUCE T. FRUCCI

4/28/03

407-977-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)