2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State
09-29-2002 90003 021 ****50.00

DOCUMENT # L01000017548

1. Entity Name
GREAT AMERICAN CARPET CLEANING LLC

Principal Place of Business	Mailing Address
C/O DAVID B. OUELLETTE 1891 PALM ACRES DR. WEST PALM BEACH FL 33406	C/O DAVID B. OUELLETTE 1891 PALM ACRES DR. WEST PALM BEACH FL 33406

874230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O DAVID B OUELLETTE	C/O DAVID B OUELLETTE
Suite, Apt. #, etc.: 604 HUDSON RD	Suite, Apt. #, etc.: 604 HUDSON RD
City & State: W. PALM BEACH FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country: USA	Zip: 33405 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OUELLETTE, DAVID B 1891 PALM ACRES DR. WEST PALM BEACH FL 33406	Name: Street Address (P.O. Box Number is Not Acceptable): 604 HUDSON RD City: WEST PALM BEACH FL Zip Code: 33405

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 $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	OUELLETTE, DAVID B	NAME	
STREET ADDRESS	1891 PALM ACRES DR.	STREET ADDRESS	604 HUDSON RD
CITY-ST-ZIP	WEST PALM BEACH FL 33406	CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, TERI R	NAME	
STREET ADDRESS	6600 RIVERMILL CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 9/19/02 (561) 308-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #