

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78695

1. Entity Name

APPLE CARPET CLEANING, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90010 013 \*\*\*150.00

Principal Place of Business

Mailing Address

5654 SARAH AVE.  
 SARASOTA FL 34292  
 US

5654 SARAH AVE.  
 SARASOTA FL 34233-3444  
 US

2. Principal Place of Business

3. Mailing Address

4023 Sawyer  
 Suite, Apt. #, etc.  
 #106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA

FLORIDA

4. FEI Number

65-0050920

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

SIMON, ALBERT  
 3130 CHESTNUT ROAD  
 VENICE FL 34293

Name

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

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS SIMON, GARY  
 CITY-ST-ZIP 229 ALGIERS  
 VENICE FL

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS SIMON, RON  
 CITY-ST-ZIP 1342 DEVON  
 VENICE FL

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

TITLE ☐ Delete  
 NAME DT  
 STREET ADDRESS SIMON, ALBERT  
 CITY-ST-ZIP 3130 CHESTNUT ROAD  
 VENICE FL

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

TITLE ☐ Delete  
 NAME DS  
 STREET ADDRESS SIMON, ALBERT  
 CITY-ST-ZIP 3130 CHESTNUT ROAD  
 VENICE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 Block 12 if 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

4/29/00 (941) 483-1339