

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90064 001 ***150.00
 05-10-2000 90064 002 *****8.75

DOCUMENT # M80390

1. Entity Name
SNOW WHITE CARPET CARE, INC.

Principal Place of Business Mailing Address

C/O ROBERT WILLING C/O ROBERT WILLING
 13355 HIGHGROVE RD 13355 HIGHGROVE RD
 BROOKSVILLE FL 34609 BROOKSVILLE FL 34609-8976
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21313 CAMPBELL DR.

3. Mailing Address
21313 CAMPBELL DR.

Suite, Apt. #, etc.

City & State
BROOKSVILLE FL

City & State
BROOKSVILLE FL

Zip Country Zip Country
34601 FLORIDA 34601 FLORIDA

4. FEI Number Applied For
65-0170920 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLING, ROBERT DOUGLAS SR
13339 HIGHGROVE ROAD
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name
DAMON LEE HANKS

Street Address (P.O. Box Number is Not Acceptable)
21313 Campbell DR.

City State Zip Code
Brooksville FL 34601

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 Robert D. Willing - Former Director Damon L. Hanks 3/30/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLING, ROBERT D SR 13355 HIGHGROVE RD BROOKSVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMON LEE HANKS Campbell BROOKSVILLE, FLA 346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Damon L. Hanks Damon L. Hanks 4-20-00 352-650-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #