

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90465 038 \*\*\*158.75

660113

**DOCUMENT #** M80390 ✓  
**1. Entity Name**  
 SNOW-WHITE CARPET CARE INC.

**Principal Place of Business**      **Mailing Address**  
 13339 HIGHGROVE RD      13339 HIGHGROVE RD  
 BROOKSVILLE, FLA 34609      BROOKSVILLE, FLA 34609

**2. Principal Place of Business**      **3. Mailing Address**  
 21313 CAMPBELL DR.      21313 CAMPBELL DR.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> BROOKSVILLE FL	<b>City &amp; State</b> BROOKSVILLE FL	<b>4. FEI Number</b> 65-0170920	<b>Applied For</b> Not Applicable
<b>Zip</b> 34601	<b>Country</b> USA	<b>Zip</b> 34601	<b>Country</b> U.S.A
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	

**6. Name and Address of Current Registered Agent**  
 ROBERT D. WILLING SR.  
 13339 HIGHGROVE RD.  
 BROOKSVILLE, FLA 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: BROOKSVILLE FL      FL      Zip Code: 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:       DATE: 4/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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

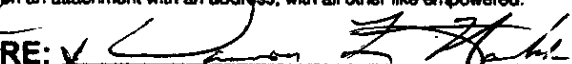
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT D. WILLING SR 13339 HIGHGROVE RD BROOKSVILLE, FLA 34609	<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 21313 CAMPBELL DR. BROOKSVILLE FL 34601	<input type="checkbox"/> Change <input checked="" 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
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
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:       DATE: 4-26-01 352-596-8943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)