

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90072 001 \*\*\*150.00

**DOCUMENT # P00000014431**

1. Entity Name

**CARPET CARE CENTER, INC.**

Principal Place of Business

Mailing Address

**437 N.E. 23RD AVE.  
POMPANO BEACH FL 33062****437 N.E. 23RD AVE.  
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

**437 NE 23 Avenue  
Suite, Apt. #, etc.  
#3****437 NE 23 Avenue  
Suite, Apt. #, etc.  
#3****City & State  
Pompano Beach FL  
Zip  
33062  
Country  
USA****City & State  
Pompano Beach FL  
Zip  
33062  
Country  
USA**

4. FEI Number

**65-098-5674**

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

**MORGAN, DAVID  
437 N.E. 23RD AVE.  
POMPANO BEACH FL 33062**

Name

**N/A**

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

**N/A**

City

**N/A****FL**

Zip Code

**N/A**

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

**David W. Morgan President****1/4/01**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	David W. Morgan	437 NE 23 Avenue #3	Pompano Beach, FL 33062	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**NONE**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

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"/> Delete
				<input type="checkbox"/>

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

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				<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David W. Morgan**

Date

**1/4/01**

Daytime Phone #

**954410 8400**

CR2E034 (10/00)