

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90071 048 \*\*\*150.00

DOCUMENT # P00000014431  
1. Entity Name  
**Carpet Care Center**

**DO NOT WRITE IN THIS SPACE**

**80058601**

2. Principal Place of Business  
**1460 SW 3rd St**  
Suite, Apt. #, etc.  
**B-5**  
City & State  
**Pompano Beach FL**  
Zip  
**33069** Country  
**USA**

3. Mailing Address  
**1460 SW 3rd St**  
Suite, Apt. #, etc.  
**B-5**  
City & State  
**Pompano Beach**  
Zip  
**33069** Country  
**USA**

DO NOT WRITE IN THIS SPACE

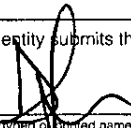
4. FEI Number  
**65-0955674** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**David William Morgan**  
Street Address (P.O. Box Number is Not Acceptable)  
**437 NE 23 Ave #3**  
City  
**Pompano Bch FL** Zip Code  
**33062**

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  (NOTE: Registered Agent signature required when reinstating) DATE **3/26/02**

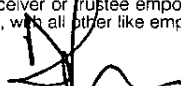
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>P David Morgan</b> <b>437 NE 23 AVE</b> <b>Pompano Beach FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/26/02** **3/26/02**

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

CR2E034B (12/01)