

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026189

DOCUMENT # P00000024376

1. Entity Name

ANGEL CARPET CLEANING, INC.

Principal Place of Business

4824 B. CLARA KEE CT.  
TALLAHASSEE FL 32303

Mailing Address

4824 B. CLARA KEE CT.  
TALLAHASSEE FL 32303

FILED

01 APR 25 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4824 Clara Kee Ct

3. Mailing Address

P.O. Box 15271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

32303

Country

Zip

32303

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COGDILL, JOHN D  
4824 B. CLARA KEE CT.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

John D. Cogdill

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

4824 Clara Kee Ct

City

Tallahassee

FL

Zip Code

32303

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, 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
John D. Cogdill  
4824 Clara Kee Ct.  
Tall FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004161492-4  
-05/08/01--01033--018  
\*\*\*\*150.00 \*\*\*\*150.00

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

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

Date

Daytime Phone #

04/25/01 (850) 877-4764

CR2E034 (10/00)