## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000030234 1. Entity Name\_ BLUE RIBBON CARPET CLEANING INC. 05-02-2001 90065 009 \*\*\*150.00 Principal Place of Business Mailing Address 6128 45TH AVENUE N 6128 45TH AVENUE N ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOZOUR, SCOTT Street Address (P.O. Box Number is Not Acceptable) 6128 45TH AVENUE N ST. PETERSBURG FL 33709 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President ☐ Delete TITI F Change Addition NAME Scott Tozour NAME GIDS 45th AVE NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE, FL 33709 ECTETACY / Treasurer ☐ Delete TITLE ☐ Change ★ Addition NAME Elley Tozour No. NAME STREET ADDRESS STREET ADDRESS 86128 CITY-ST-ZIP CITY-ST-7/P St. PETE, TITI F ☐.Delete Change\_ Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR