2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90039 050 ***150.00

DOCUMENT # P00000030234

1. Entity Name
BLUE RIBBON CARPET CLEANING INC.

Principal Place of Business	Mailing Address
6128 45TH AVENUE N ST. PETERSBURG FL 33709	6128 45TH AVENUE N ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6354 Bonnie Bay Circle	6354 Bonnie Bay Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country	Zip: 33781 Country

4. FEI Number 59-3652125 ☐ 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
TOZOUR, SCOTT 6128 45TH AVENUE N ST. PETERSBURG FL 33709	Name: DAVID A LURA Street Address (P.O. Box Number is Not Acceptable): 6354 Bonnie Bay Circle City: Pinellas Park FL Zip Code: 33781

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]
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, 2002 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	P TOZOUR, SCOTT 6128 45TH AVE NO SAINT PETERSBURG FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID A. LURA 6354 Bonnie Bay Circle Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOZOUR, KELLEY 6128 45TH AVE NO SAINT PETERSBURG FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #