

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90324 028 ***550.00

0005486 AV

DOCUMENT # P00000050715

1. Entity Name

ANGELS TOUCH CARPET AND UPHOLSTERY CLEANING, INC



Principal Place of Business

**4407 QUEENSWAY DR.
JACKSONVILLE FL 32257**

Mailing Address

**4407 QUEENSWAY DR.
JACKSONVILLE FL 32257**

2. Principal Place of Business

2183 Century Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4071

Suite, Apt. #, etc.

City & State

St. Augustine, FL.

City & State

St. Augustine, FL.

Zip

32086

Country

USA

Zip

32085

Country

USA

4. FEI Number

59-3649315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FORE, FORREST RANDAL
4407 QUEENSWAY DR.
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **Robert L. Duffield**
Street Address (P.O. Box Number Not Acceptable)
2183 Century Blvd
City **St. Augustine** FL Zip Code **32086**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert L. Duffield - President

9/3/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **DUFFIELD, ROBERT L**
STREET ADDRESS **7618 BERRY AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VTD** ☒ Delete
NAME **FORE, FORREST RANDAL**
STREET ADDRESS **4407 QUEENSWAY DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other live empowered.

SIGNATURE:

Robert L. Duffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

Date

904-759-3877

Daytime Phone #

CR2E034 (4/03)