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

DOCUMENT # \$\rho_0000052670 FILED SMALL 6045 CARPET CLEANING, INC. 02 DEC 17 PM 12: 28 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3027 Etta CIECK 3027 EttA CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 11.16 44012 City & State Applied For DEFTONA Not Applicable Zip 32738 Country \$8.75 Additional 5. Certificate of Status Desired 32738 ÚSA. 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE EttA CACLE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT - ROBERT RETTIG 3027 Etta CIRCLE DETONA, P/ 32738 CR2E034B (12/01) TITLE TITLE 500009567435 12/18/02-01004-002 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP -CITY-ST-7IP-TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

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:

COBERT RETTIES 12/1/02 (407) 314-6987
DEFICER OR DIRECTOR

Dayline Phone #

DECEMBER 8, 2002

FLORIDA DEPT, OF STATE

SECRETARY OF STATE

P.O. BOX 6327

TALLAHASSEE FL . 32 314

TO WHOM IT MAY CONCERN

ENCLOSED, PLEASE FIND REINSTATEMENT APPLICATION
FOR MY PARTNERSHIP AND GENERAL PARTNER
CORPORATION ALONG WITH FILING FEE CHECKS.

REQUEST IS HEREWITH MADE TO WAIVE THE PENALTY
NORMALLY ASSOCIATED WITH THESE APPLICATIONS.

THE REASON FOR NOT FILING TIMELY IS:

- I) MAIL WAS NOT FORWARDED TO MY NEW ADDRESS.

 I MOVED FROM MIAMI; TO JACKSONVILLE; TO

 PONTE VEDRA; THE LAST DURING THE BEGINNING
 - OF 2002 AND 2 DIFFERENT ADDRESSES IN PONTE VEDRA PRIMARILY BECAUSE OF...
- 2) SERIOUS MEDICAL PROBLEM PUT ME IN
 HOSPITAL IN JACKSONVILLE AND REQUIRED
 I MOVE TO VICARS LANDING RETIREMENT
 COMMUNITY.

AS YOU CAN SEE FROM THE APPLICATION, I HAVE REQUESTED
MY MAILING ADDRESS BE TO MY C.P.A, IN MIAMI, HE
WILL FILE FUTURE REPORTS ON TIME.

THANK YOU

PREPARED BY

DATE

12/8/02

DEAR Sin on MANARY I ROBERT RETTIG, DWNEN OF Small buys CARDET CLEANING THE, RECIEVED This NOTICE OF AdmINISTRATINE DISOLUTION OF REMOCATION ON NOVEMBER 5/1 2002 I DONT RECENT EVEN RECIEVING My OrigiNAL FILING NOTICE EARLIEN THIS YEAR. PLEASE ACCEPT MY PAYMENT FOR 2002. I will BE SURE TO mail OFF NEXT YEARS FEES ON TIME BEFORE Sincerely yours,