

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90739 013 \*\*\*150.00

05/7/03 AV

**DOCUMENT # P00000062847**

1. Entity Name  
**PROFESSIONAL CARPET SERVICE, INC.**



Principal Place of Business  
**104 COMMERCIAL WAY  
SPRING HILL FL 34606**

Mailing Address  
**104 COMMERCIAL WAY  
SPRING HILL FL 34606**



2. Principal Place of Business  
**3282 COMMERCIAL WAY**

3. Mailing Address  
**SAME**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**SPRING HILL FL**

City & State  
**SAME**

4. FEI Number  
**59-3660971**

Applied For  
☐ Not Applicable

Zip  
**34606**

Country  
**REMANO**

Zip  
**34606**

Country  
**US**

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

**GIGGLIO, DOUGLAS  
104 COMMERCIAL WAY  
SPRING HILL FL 34606**

Name  
**Douglas Gigglio**

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

**3282 COMMERCIAL WAY**

City  
**SPRING HILL**

FL

Zip Code  
**34606**

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 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
GIGGLIO, DOUGLAS  
104 COMMERCIAL WAY  
SPRING HILL FL 34606**

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

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☐ Change ☐ Addition

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 252-688-683  
Date Daytime Phone #

CR2E034 (10/02)