FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

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OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P00000070375 1. Entity Name 04-17-2002 90054 030 ***150.00 JEFF'S CARPET CLEANING, INC. Principal Place of Business Mailing Address 7168 SOUTHGATE BLVD. 7168 SOUTHGATE BLVD. TAMARAC FL 33321 TAMARAÇ FL 33321 7168 S. GAK Blud 5 GAR Rlid DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1029030 Not-Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIGHTMAN, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 7168 SOUTHGATE BLVD. TAMARAC FL 33321 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) ** FILE NOW!!! FEE IS \$150.00 9. This co eligible to satisfy its Intangible فا الله الأوادة 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 CR2E034 (9/01) 1 € 10 J Trust Fund Contribution. Added to Fees (See crite: n back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME LIGHTMAN, JEFFREY STREET ADDRESS 7168 SOUTHGATE BLVD. STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 ☐ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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