

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000100469

FILED
May 01, 2003
Secretary of State

Entity Name: CARPET DOCTOR OF ST. AUGUSTINE INC.

Current Principal Place of Business:

127 OSPREY RD.
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

127 OSPREY RD.
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3678197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHEAL H
127 OSPREY RD.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

BROWN, MICHEAL A
127 OSPREY RD.
SAINT AUGUSTINE, FL 32086 US

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: MICHAEL A BROWN

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BROWN, MICHAEL
Address: 127 OSPREY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPST () Delete
Name: BROWN, KAREN
Address: 127 OSPREY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A BROWN

PTD

05/01/2003

Electronic Signature of Signing Officer or Director

Date