

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000109885**1. Entity Name
POWER CARPET CLEANING INC.

Principal Place of Business	Mailing Address
P.O. BOX 3746	P.O. BOX 3746
HOLLYWOOD FL	HOLLYWOOD FL
330833746	330833746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0975846Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAY JEFF
7760 N W 35TH STREETDAVIE FL
33024 US

7. Name and Address of New Registered Agent

Name

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

City FL 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 _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY DAVID	
STREET ADDRESS	3535 WEST ATLANTIC BLVD., APT. 915	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY LINDA	
STREET ADDRESS	13955 S.E. 53RD TERRACE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

TITLE	D	<input type="checkbox"/> Delete
NAME	STAMEY DAVID R.JR.	
STREET ADDRESS	P.O. BOX 841151	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY DON	
STREET ADDRESS	13955 S.E. 53RD TERRACE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY JEFFERY D	
STREET ADDRESS	7760 N W 35TH STREET	
CITY-ST-ZIP	DAVIE FL 33024	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMEY DAVID R.JR.	
STREET ADDRESS	P.O. BOX 841151	
CITY-ST-ZIP	PEMBROKE PINES FL 33084	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. STAMEY JR

D

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)