

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110620

1. Entity Name

SHOWPIECE CARPET & STONE CARE, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90060 043 ***150.00

001126

Principal Place of Business

6838 TOMY LEE TR
TALLAHASSEE FL 32308

Mailing Address

6838 TOMY LEE TR
TALLAHASSEE FL 32308

2. Principal Place of Business

6838 Tomy Lee Tr
Suite, Apt. #, etc.

3. Mailing Address

6838 Tomy Lee Tr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3693504

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVENGER, SONYA RENE
6838 TOMY LEE TR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name: Sonya Rene' Clewenger
Street Address (P.O. Box Number is Not Acceptable)
6838 Tomy Lee Trail
City: Tallahassee FL Zip Code: 32308

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: Sonya Rene' Clewenger Sonya Rene' Clewenger 2-19-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CLEVENGER, SONYA RENE
STREET ADDRESS 6838 TOMY LEE TR
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VD
NAME CLEVENGER, JEREMY LEE
STREET ADDRESS 6838 TOMY LEE TR
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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: Sonya Rene' Clewenger Sonya Rene' Clewenger 2-19-01 894-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)