

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000117624**1. Entity Name
ADVANCED CARPET AND HOME CARE, INC.Principal Place of Business
6630 EMBASSY BLVD., STE. B
PORT RICHEY FL 34668
Mailing Address
6630 EMBASSY BLVD., STE. B
PORT RICHEY FL 346682. Principal Place of Business
6338 TRALEE AV
3. Mailing Address
6338 TRALEE AV

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW PORT RICHEY FL
City & State
NEW PORT RICHEY FLZip
34653
Country
Zip
34653
Country4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**GREENFIELD JOHN A
6630 EMBASSY BLVD., STE. B
PORT RICHEY FL 34668**7. Name and Address of New Registered Agent**Name
GREENFIELD JOHN A
Street Address (P.O. Box Number is Not Acceptable)
6338 TRALEE AV
City
NEW PORT RICHEY FL Zip Code
34653

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 _____ 04/10/2001
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	STD	<input type="checkbox"/> Delete
NAME	HAINES RONALD G	
STREET ADDRESS	6531 WINDING BROOK DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENFIELD JOHN	
STREET ADDRESS	6338 TRALEE AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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: John A Greenfield

pres

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)