

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90899 039 \*\*\*150.00

**DOCUMENT # P01000017045**

1. Entity Name  
**CLEAN IMAGE CARPET CARE, INC.**

Principal Place of Business  
**5860 OLD TIMUQUANA RD STE 11**  
**JACKSONVILLE FL 32210**

Mailing Address  
**5860 OLD TIMUQUANA RD STE 11**  
**JACKSONVILLE FL 32210**

2. Principal Place of Business  
**5860 OLD TIMUQUANA RD**  
 Suite, Apt. #, etc. **#11**

3. Mailing Address  
**POST OFFICE BOX 122**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

City & State  
**ORANGE PARK, FL**

4. FEI Number  
**593494585**

Applied For  
 Not Applicable

Zip  
**32210**

Country  
**FLORIDA**

Zip  
**32067**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**JOHNSON, DAN M**  
**5860 OLD TIMUQUANA RD STE 11**  
**JACKSONVILLE FL 32210**

## 7. Name and Address of New Registered Agent

Name **JOHN A. DAVIS**  
 Street Address (P.O. Box Number is Not Applicable) **6610 SEA BOARD AVE**  
 City **JACKSONVILLE** FL **32210**

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 **Dan M. Johnson** **John A. Davis** **4-27-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for registration.) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>JOHNSON, DAN M</b> <b>5860 OLD TIMUQUANA RD STE 11</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN OF BOARD</b> <b>JOHNSON, DAN</b> <b>5860 OLD TIMUQUANA RD STE #11</b> <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>JOHN A. DAVIS</b> <b>SAME AS ABOVE #12</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JASON R. THOMAS</b> <b>SAME AS ABOVE #12</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GENERAL MANAGER</b> <b>MICHAEL B. COXWELL</b> <b>SAMES AS ABOVE #12</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dan M. Johnson** **4-26-02 904/772-6388**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Minute Phone #

CR2E034 (9/01)