

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90176 045 ***150.00

DOCUMENT # P01000029099

1. Entity Name
A-CARPET/TILE & GROUT CLEANING, INC.



Principal Place of Business
**8978 WOBURN CT.
JACKSONVILLE FL 32257**

Mailing Address
**8978 WOBURN CT.
JACKSONVILLE FL 32257**

10027704



2. Principal Place of Business
11247 SAN Jose Blvd.

Suite, Apt. #, etc.
819

City & State
JACKSONVILLE FLA.

Zip
32223

Country
USA

3. Mailing Address
11247 SAN Jose Blvd.

Suite, Apt. #, etc.
819

City & State
JACKSONVILLE FLA.

Zip
32223

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3710618**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIXON, SETH
8978 WOBURN CT.
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name
Seth Mixon
Street Address (P.O. Box Number is Not Acceptable)
11247 SAN Jose Blvd
819
City
JACKSONVILLE **FL** Zip Code
32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Seth Mixon**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
MIXON, SETH T
STREET ADDRESS
8978 WOBURN CT
CITY-ST-ZIP
JACKSONVILLE FL 32257

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

Daytime Phone #