Amended 2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000031818

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 22 PM 9:15

DOCUMENT # P01000031818

1. Entity Name
A's Carpet Cleaning, Inc

**DO NOT WRITE IN THIS SPACE**

55051594

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5900 Dewey St | 5900 Dewey St |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |
| City & State Hollywood FL | City & State Hollywood FL |
| Zip 33023 Country USA | Zip 33023 Country USA |

4. FEI Number 65-1091787 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTON HERMES

Street Address (P.O. Box Number is Not Acceptable) 10011 N.W. 35th St

500022515495
08/22/03 01047 001 #61.25

City Hollywood FL Zip Code 33024

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 [signature] 7/9/03
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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,S,T,D |
| NAME | Anton Hermes |
| STREET ADDRESS | 5900 Dewey St Suite 200 |
| CITY-ST-ZIP | Hollywood, FL 33023 |

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 7/9/03 954-964-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/22 ar