

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P01000053147**

1. Entity Name

**AT YOUR SERVICE CARPET & UPHOLSTERY CLEANING, IN C.****FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90171 010 \*\*\*150.00

0113037 AT

Principal Place of Business

**311 FAULKNER STREET  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**311 FAULKNER STREET  
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3722946**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**PSTD  
YELVINGTON, CONWAY L  
311 FAULKNER STREET  
NEW SMYRNA BEACH FL 32168**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/30/02 386-426-0243**  
Date Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # P01000053147/

1676341

07-29-02

AT YOUR SERVICE  
311 FAULKNER ST  
NEW SMYRNA BEACH FL 32168

Dear Sir:

This is a follow-up regarding our conversation on the phone regarding  
2002 UNIFORM BUSINESS REPORT  
P01000053147

I did call and I told the person I called that I have been a  
CORPORATION for less than a year and I did not receive a notice of  
any kind on paying a fee...I have excellent credit and I am prompt in  
paying all my bills..

Enclosed is a check for \$150.00 to settle this matter.

Thank you

Sincerely,

Conway Yelvington  
At Your Service