

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90208 046 \*\*\*150.00

**DOCUMENT # P01000095537**

**1. Entity Name**  
**PRO CLEAN CARPET CLEANING, INC.**



**Principal Place of Business**  
~~5012 SKYLARK CT~~  
**PENSACOLA FL 32505**

**Mailing Address**  
~~5012 SKYLARK CT~~  
**PENSACOLA FL 32505**



**2. Principal Place of Business**

**221 E. Garden St Ste 7E**

**3. Mailing Address**

**221 E Garden St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Pensacola, FL**

**Ste 7E**

City & State

City & State

**Pensacola, FL**

Zip  
**32501**

Country  
**USA**

Zip  
**32501**

Country  
**USA**

**4. FEI Number 59-3748891**

Applied For  
Not Applicable

**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**

**DEBLANDER, DAVID J**  
~~5012 SKY LAKE COURT~~  
~~PENSACOLA FL 32505~~

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** \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBLANDER, DAVID JOHN <del>5012 SKY LAKE COURT</del> <b>14 Ocean View Dr</b> <del>PENSACOLA FL 32505</del> <b>Gulf Breeze, FL 32561</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBLANDER, KATE <del>5012 SKY LAKE COURT</del> <b>14 Ocean View Dr</b> <del>PENSACOLA FL 32505</del> <b>Gulf Breeze, FL 32561</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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** DEBLANDER, DAVID J  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-03 850 484-8500**  
Date Daytime Phone #

CR2E034 (10/02)