

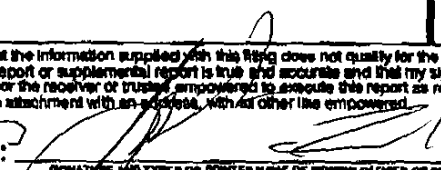
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Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000101279			
1. Entity Name PRO-DRY CARPET CARE & RESTORATION, INC			
Principal Place of Business 1817 S. DUNE HIGHWAY POMPANO BEACH, FL 33060		Mailing Address 1817 S. DUNE HIGHWAY POMPANO BEACH, FL 33060	
2. Principal Place of Business 480 S. Andrews Ave.		3. Mailing Address 480 S. Andrews Ave.	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069	Country	Zip 33069	Country
4. FEI Number 02-051947		Applied For ☐ Not Applicable	
5. Certificate of Status ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ZEVLONI, JOSEPH 1459 NW 125TH LANE PLANTATION, FL 33322	
7. Name and Address of New Registered Agent		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 I accept the obligations of registered agent.			
SIGNATURE Signature, signed by person named as registered agent and City if applicable. (NOTE: Registered Agent's signature required when registered.) DATE			
9. Election to Design Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1		11.2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ZEVULONI, JOSEPH 1459 NW 125TH LANE PLANTATION, FL 33322		Zevuloni, Joseph 480 S. Andrews Ave, Suite 101 Pompano Beach FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this Report does not qualify for the exemption stated in Section 119.07(3)(L), 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 I were 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 AND TITLE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			

CPRE004 (10/02)