2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102529

1. Entity Name

AM-KO CARPET MAINTENANCE, INC.



FILED Aug 07, 2003 8:00 am Secretary of State

08-07-2003 90122 001 ***550.00

				VE TABLE				
Principal Place of Business 1060 HOLLOW BROOK LANE MALABAR FL 32950		Mailing Address 1060 HOLLOW BROOK LANE MALABAR FL 32950						
2. Principal P	lace of Business	3. Mailing Address			T (BAISTA) 211 APIOLEIDI 19811 ABIL ABIL BILAL 11811 A		11818 1811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	e	City & State		4	. FE! Number 58-1658403		plied For	
Zip	Country	Zip	Country	5		\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
		-	Name					
CHO, PAN J								
1060 HOLLOW BROOK LANE				: Address (P.O.	Box Number is Not Acceptable)			
MALABAR								
MALADAN	FL 32930							
			City		FL	Zip Code	e	
	named entity submits this statement for ons of registered agent.	r the purpose of changing its	registered office	or registered a	agent, or both, in the State of Florida. 1 am f	amiliar with, a	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required where	n reinstating) DATE			
FI	LE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750		-		9. Election Campaign Financing Trust Fund Contribution.		0 May Be	
Make Check	Payable to Florida Department o	f State			Trust I did Contribution.	, Auded	IU Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	PD	☐ Dalete	TITLE		. ==-	☐ Change	Addition	
NAME .	CHO, UN H		NAME					
STREET-ADDRESS	1060 HOLLOW BROOK LANE		STREET ADDRES	s				
CITY-ST-ZIP	MALABAR FL 32950		CITY-ST-ZIP					
TITLE	STD	□ Delete	TITLE			☐ Change	☐ Addition	
NAME	CHO, JAMES		NAME			_ •	_ }	
STREET ADDRESS	1060 HOLLOW BROOK LANE		STREET ADDRES	s				
CITY-ST-ZIP	MALABAR FL 32950		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE		The second of th	□ Charige	Addition	
NAME	KIM, CHRISTINE		NAME				_	
STREET ADDRESS	1060 HOLLOW BROOK LANE		STREET ADDRES	s				
CITY-ST-ZIP	MALARAR FL 32950		CITY-ST-7IP	1				

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Delete

8/4/0

7/93 u -432/

Change

☐ Change

Change

☐ Addition

☐ Addition

■ Addition