

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

DOCUMENT # **P01000121676**

1. Entity Name  
**CHEM CLEAN CARPET & UPHOLSTERY CLEANING, INC.**



Principal Place of Business  
204 CORK ST.  
LARGO FL 33770

Mailing Address  
204 CORK ST.  
LARGO FL 33770

2. Principal Place of Business  
**1130 Cleveland St.**

3. Mailing Address  
**Po Box 7502**

Suite, Apt. #, etc.

**SUITE 270**

Suite, Apt. #, etc.

City & State  
**Clermwater, FL.**

City & State  
**Clermwater, FL.**

Zip

Zip

**33755**

Country

**Pinellas**

**53758**

Country

**Pinellas**

4. FEI Number

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

**PARTON, JAMES E  
204 CORK ST.  
LARGO FL 33770**

Name  
**J. Neil Ford Jr.**

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

**1130 Cleveland St, #270**

City

**Clermwater**

FL

Zip Code  
**33755**

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)

**4/7/03**

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

**\$5.00** May Be  
Added to Fees

—Trust Fund Contribution..

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03 627144333X**

Daytime Phone #

0485104  
AV

**FILED  
May 05, 2003 8:00 am  
Secretary of State**

05-05-2003 91893 030 \*\*\*158.75



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)