

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91893 030 ***158.75

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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.

Suite, Apt. #, etc.

Suite 270

3. Mailing Address

PO Box 7502

Suite, Apt. #, etc.

City & State

Clemmwater, FL.

City & State

Clemmwater FL.

Zip

33155

Country

Pinellas

Zip

33158

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

S. Neil Forzo Jr.

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

1130 Cleveland St. #270

City

Clemmwater

FL

Zip Code

33155

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]

4/7/03

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE **D** ☒ Delete
NAME **AUSTIN, SAMMIE**
STREET ADDRESS **204 CORK ST.**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **S. NEIL FORZO JR.**
STREET ADDRESS **1130 Cleveland St. #270**
CITY-ST-ZIP **Clemmwater, FL. 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 627 443 333X

Date

Daytime Phone #

CR2E034 (10/02)