CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Apr 28, 2003 8:00 am Secretary of State P02000044959 DOCUMENT # 04-28-2003 90473 042 ***150.00 1. Entity Name MAGIC CARPET CLEANING & RESTORATION, INC. Principal Place of Business Mailing Address where the things with a 200 78TH AVE N. #189 200 78TH AVE N, #189 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0596533 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, WHITNEY U Street Address (P.O. Box Number is Not Acceptable) 200 78TH AVE N, #189 ST PETERSBURG FL 33702 Zip Code City The above named entity submithe obligations of registered a its this statement for ne purpose of ch g its registered office or registered agent, or both, in the State of Florida. I am , and accept ang SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change | Addition NAME BAKER, WHITNEY U NAME 200 78TH AVE N. #189 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with his filing does not qualify indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w and that nis repo**r**