

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

DOCUMENT #

1. Entity Name

93000004828
Eddie's Carpet Care Inc



FILED

03 MAY '8 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

467 N.W. 120th Drive
Suite, Apt. #, etc.

3. Mailing Address

467 N.W. 120th Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

Applied For

Not Applicable

Zip

FL 33071

Country

Broward

Zip

FL 33071

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Edmund Blake

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

467 N.W. 120th Drive

City

Coral Springs

FL

Zip Code

33071

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IN THIS SPACE**

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

Edmund Blake

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Edmund Blake
467 N.W. 120th Drive
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700017191307
*04/28/03--01069--001 **150.00*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Edmund Blake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)