2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P93000037288 1. Entity Name **EMERALD COAST CARPET CLEANING & PRESSURE WASHING** 04-18-2001 90104 041 ***150.00 Principal Place of Business Mailing Address 3161 HAYLEE LANE 3161 HAYLEE LANE **CRESTVIEW FL 32539 CRESTVIEW FL 32539** IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3190228 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPELAND, KATHLYN Street Address (P.O. Box Number is Not Acceptable) 3161 HAYLEE LANE **CRESTVIEW FL 32536** Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE COPELAND, PAUL NAME NAME STREET ADDRESS 3161 HAYLEE LANE STREET ADDRESS CITY-ST-ZIP **CRESTVIEW FL 3536** CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME COPELAND, KATHLYN NAME 3161 HAYLEE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 TITLE ~ - Change - - Addition. TITLE ' Delete ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR C

NAME

STREET ADDRESS

resident 4/12/01

850-682-7700

Daytime Phone #