

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90365 032 ***150.00

DOCUMENT # P93000066186

1. Entity Name

STEAMWAY CARPET CARE OF CENTRAL FLORIDA, INCORPORATED



Principal Place of Business
1125 KEMPTON CHASE PKWY
ORLANDO FL 32837
US

Mailing Address
1125 KEMPTON CHASE PKWY
ORLANDO FL 32837
US

2. Principal Place of Business

5240-LIMA-PL-ORLANDO FL

3. Mailing Address

5240-LIMA-PL-ORLANDO FL 32807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, F.L.

City & State

ORLANDO, F.L.

Zip

32807

Country

ORANGE

Zip

32807

Country

ORANGE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3205053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINONES, JOSE
1125 KEMPTON CHASE PKWY
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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)

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 **QUINONES, JOSE**
STREET ADDRESS **1125 KEMPTON CHASE PKWY**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **REYES, REYNALDO** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5240-LIMA-PL**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE ☐ Change ☐ Addition
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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: *Reynaldo Reyes* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

407-851-8866

Daytime Phone #

CR2E034 (10/02)