2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000070455

1. Entity Name

SERVICE PLUS CARPET CARE, INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90127 034 ***150.00

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Principal Place of Business 6341 NW 39 ST CORAL SPRINGS FL 33067			PΟ	Mailing Address P O BOX 670072 CORAL SPRINGS FL 33067				-	· • • • • •	- •		
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2. Principal f	Place of Busin	ness	3. Ma	3. Mailing Address								
Suite, Apt	. #, etc.	-	Sui	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	}	
City & State				City & State			4.	4. FEI Number 65-0443484 Applied For Not Applicable				
							l,	5. Certificate of Status Desired S8.75 Additional Fee Required				
-	PRINGS FL 33067 P O BOX 670072 CORAL SPRINGS FL 33 US 3. Mailing Address Apt. #, etc. Suite, Apt. #, etc. State Country Zip 6. Name and Address of Current Registered Agent STIE, ROBERT J NW 109 WAY L SPRINGS FL 33076 Soove named entity submits this statement for the purpose of changing in digations of registered agent. RE Signature. typed or printed name of registered agent and title if applicable. (NO FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 neck Payable to Florida Department of State OFFICERS AND DIRECTORS P WOKRAL, BRENT H 6341 NW 39 STREET CORAL SPRINGS FL 33067 Delete ESS Delete Delete					Ne	7.	7. Name and Address of New Registered Agent				
6341 NW 39 ST CORAL SPRINGS FL 33067 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current CHRISTIE, ROBERT J 5607 NW 109 WAY CORAL SPRINGS FL 33076 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of 10. OFFICERS AND 11TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							Name					
5607 NW	109 WAY			Street Address			(P.O. E	(P.O. Box Number is Not Acceptable)				
CORAL SI	PRINGS FL	33076										
:					City				FL	Zip Coo		
8. The above the obligat	named entity tions of regist	y submits this statement i ered agent.	for the purp	oose of changing its	registered	office or registe	ered ag	gent, or both, in the State of Fid	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	at and title if app	Dicable. (NOTE	E: Registered A	gent signature require	ed when re	einstatino)	DATE			
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		·	1					9. Election Campaign Fir	nancing	\$5.0	00 May Be	
	•	· ·						Trust Fund Contributio	n. 🗆	Added	d to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		AE	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
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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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 346-660Z