

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077420

1. Entity Name

TOTAL CARPET SERVICES, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90313 005 \*\*\*150.00

Principal Place of Business

Mailing Address

20 KNIGHT BOXX RD  
STE 106  
ORANGE PARK FL 32065  
US

20 KNIGHT BOXX RD  
STE 106  
ORANGE PARK FL 32065-9902  
US

2. Principal Place of Business

3. Mailing Address

555 Majestic Wood Dr.  
Suite, Apt. #, etc.

P.O. Box 1142  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Green Cove Springs, FL

Green Cove Springs, FL

4. FEI Number 59-3210925

Applied For

Not Applicable

Zip

Country

32043

USA

Zip

Country

32043-1142

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRIER, MAURICE G  
555 MAJESTIC WOOD DRIVE  
GREEN COVE SPRINGS FL 32043

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.

SIGNATURE

*Maurice G. Carrier* *Maurice G. Carrier / President*

4-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete

NAME CARRIER, MAURICE G

STREET ADDRESS 555 MAJESTIC WOOD DR

CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE STD ☐ Delete

NAME CARRIER, EMILY C

STREET ADDRESS 555 MAJESTIC WOOD DRIVE

CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V ☒ Delete

NAME DAVIS, JASON C

STREET ADDRESS 40 GRANT ST.

CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Emily C. Carrier* *Emily C. Carrier / Secretary*

4-21-00

904-614-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)