

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 24 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000011583**



1. Entity Name  
**DOYLE'S CARPET STEAM, INC.**

Principal Place of Business  
**5859 WESTBOURGH CT  
NAPLES, FL 34112 US**

Mailing Address  
**P O BOX 8954  
NAPLES, FL 34102 US**

2. Principal Place of Business  
**4101 29 Place SW.**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES 03

City & State  
**NAPLES FL**  
Zip  
**34116**  
Country  
**Collier**

City & State  
Zip  
Country

4. FEI Number  
**65-0491758**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARNER, JOHN A  
801 LAUREL OAK DR  
710  
NAPLES, FL 34108**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$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	<input type="checkbox"/> Delete
PVST	MCKINZIE DOYLE	5859 WESTBOURGH CT	NAPLES, FL 34112	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MCKINZIE DOYLE	4101 29 pl. S.W	NAPLES FL 34116	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Doyle* **9-18-03** **239-289-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)