

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019575

1. Entity Name

DAVID'S CARPET CLEANING, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-20-2002 90121 031 ***150.00

Principal Place of Business

~~5990 N.W. 16TH STREET~~
~~SUNRISE FL 33313~~

Mailing Address

~~5990 N.W. 16TH STREET~~
~~SUNRISE FL 33313~~

2. Principal Place of Business

Suite, Apt., #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

4. FEI Number

65-0478756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALLENICK, DAVID

~~5990 N.W. 16TH STREET~~
~~SUNRISE FL 33313~~

7. Name and Address of New Registered Agent

Name

DAVID'S CARPET CLEANING INC

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

7950 ABBEY 178 W

City

OKLEE CHIEF FLA FL

Zip Code

34974

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

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

(NOTE: Registered Agent signature required when reappointing)

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 ALLENICK, DAVID
 5990 N.W. 16TH STREET
 SUNRISE FL 33313

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
 ALLENICK, JUTTA
 5990 N.W. 16TH STREET
 SUNRISE FL 33313

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *o SIGA... RECD DAVID ALLENICK*

4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)