

DOCUMENT # P94000073460	
1. Entity Name NATIONAL CARPET CARE OF DUVAL, INC.	

Principal Place of Business 4949 SUNBEAM RD SUITE 2 JACKSONVILLE FL 32257 US	Mailing Address 518 DOUGLAS AVE 1234 ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BOWLING, CLINT V 518 DOUGLAS AVE. SUITE 1234 ALTAMONTE SPRINGS FL 32714	

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90083 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3269068	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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.

SIGNATURE _____ (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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLING, CLINT V 518 DOUGLAS AVE., STE. 1234 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 persons empowered.

SIGNATURE: **01-05-01** **Cell 407 234-0916. 407 862-2990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)