

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012808

1. Entity Name

A.S.A.P. CARPET CLEANING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90082 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 16631
JACKSONVILLE FL 32245
US

~~PO BOX 16631~~
~~JAX FL 32245-0631~~
~~US~~

2. Principal Place of Business

3. Mailing Address

PO Box 48070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax FL

Zip

Country

Zip

Country

32247

USA

4. FEI Number

59-3316494

Applied For

Not Applicable

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

FRIEDLINE, RODGER J

~~4811 ATLANTIC BOULEVARD~~
~~SUITE #4~~
JACKSONVILLE FL 32207-2129

Name

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

1756 Univ. Blvd. S.

City

Jax

FL

Zip Code

32216

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 if not 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 PD ☐ Delete
NAME DEAN, LARRY D JR.
STREET ADDRESS ~~4811 ATLANTIC BLVD #4~~
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME 1756 Univ. Blvd. S.
STREET ADDRESS Jax FL 32216
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME DEAN, EDWARD
STREET ADDRESS 4811 ATLANTIC BLVD #4
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME Delete this person
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STREEPEY, FRANK
STREET ADDRESS ~~4811 ATLANTIC BLVD #4~~
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME 1756 Univ. Blvd. S.
STREET ADDRESS Jax FL 32216
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P.D.
STREET ADDRESS Dean, Larry Sr.
CITY-ST-ZIP 1756 Univ. Blvd. S.
Jax FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Frank Streepey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

904346-1266

Daytime Phone #

CR2E034 (9/99)