

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036901

1. Entity Name

DAVE LEE CARPET CARE, INC.

Please note
husband was
ill, had operation +
re-comp time. Just getting
back to work. PLEASE
ACCEPT! Thanks!!

Principal Place of Business

Mailing Address

1363 F ROAD
LOXAHATCHEE FL 33470

P.O. BOX 1427
LOXAHATCHEE FL 33470-1427

1304 STRATFORD ST.
WELLINGTON, FL. 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0581057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, DAVE
1363 F ROAD
LOXAHATCHEE FL 33470

1304 STRATFORD ST.
WELLINGTON, FL.
33414

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

Nancy F. Lee Sec.

4-15-00

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	P	<input type="checkbox"/> Delete
NAME	LEE, DAVID L	
STREET ADDRESS	1363 F ROAD 1304 STRATFORD ST.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470 WELLINGTON, FL. 33414	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	NANCY LEE	
STREET ADDRESS	1304 STRATFORD ST.	
CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 190.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Lee/Sec.

4-15-00

561-753-
7320

CR2E034 (9/99)