

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90044 048 ***150.00

DOCUMENT # P95000036901



1. Entity Name
DAVE LEE CARPET CARE, INC.

Principal Place of Business
1304 STRATFORD STREET
WELLINGTON FL 33414

Mailing Address
P.O. BOX 1427
LOXAHATCHEE FL 33470

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, DAVID L
1304 STRATFORD STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEE, DAVID L**
STREET ADDRESS **1304 STRATFORD STREET**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-01-03

561-153-7320

CR2E034 (10/02)

Attachment #
90133303

DAVE LEE CARPET CARE, INC.
1304 STRATFORD STREET
WELLINGTON, FL. 33414

MAILING ADDRESS;
P. O. BOX 1427
33470

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500

DOCUMENT #P95000036901

APRIL 23, 2003

ENCLOSED YOU WILL FIND CHECK IN AMOUNT OF \$150.00 TO COVER CORP. FEE.

UNABLE TO COLLECT MONIES DUE ME IN TIME TO MEET DEADLINE.

PEOPLE I DO WORK FOR ARE HOLDING ONTO ACCOUNTS PAYABLE LONGER AND
SOMETIMES
THEY ARE UNABLE TO COLLECT FROM THEIR CLIENTS, SO IS SNOWBALLS DOWN THE
LINE.

THIS TRADE HAS BEEN HIT HARD DUE TO THE ECONOMY AND WORLD SITUATION.

I WOULD APPRECIATE ANY CONSIDERATION YOU CAN GIVE ME.

SINCERELY,

DAVID L. LEE, PRES.