

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90022 042 \*\*\*150.00

**DOCUMENT # P95000058216**  
 1. Entity Name  
**RITZ CARPET CARE, INC.**

Principal Place of Business      Mailing Address  
**6905 N. COUNTRY ROAD 427**      **6905 N. COUNTRY ROAD 427**  
**SANFORD FL 32773**      **SANFORD FL 32773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3329436**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TROXEL, WAYNE**  
**6905 N CR 427**  
**SANFORD FL 32773**

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

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TROXEL, WAYNE G</b>
STREET ADDRESS	<b>6905 N CR 427</b>
CITY-ST-ZIP	<b>SANFORD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TROXEL, PATRICIA L</b>
STREET ADDRESS	<b>6905 N CR 427</b>
CITY-ST-ZIP	<b>SANFORD FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Patricia Troxel      Patricia Troxel      1/8/02      407-324-1714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)