2000 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2000 8:00 am DOCUMENT # **P95000090884 Secretary of State** FIRST RESPONSE CARPET CLEANING & RESTORATION, IN 03-30-2000 90043 048 ***150.00 Mailing Address Principal Place of Business 3625 FLORIDA AVENUE 3625 FLORIDA AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405-3326 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3354823 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, JERRY L Street Address (P.O. Box Number is Not Acceptable) 3625 FLORIDA AVENUE PANAMA CITY FL 32405 Zip Code City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After NIAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ŊΡ Delete TITLE TITLE NAME ADAMS, JERRY L. NAME STREET ADDRESS STREET ADDRESS 3625 FLORIDA AVENUE CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL Change Addition Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 applicable. With all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED