

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014271

1. Entity Name

CONSUMER'S CHOICE CARPET RESTORATION SERVICE, IN

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90496 031 \*\*\*150.00

Principal Place of Business

1500 N. OCEAN BLVD., #403  
POMPANO BEACH FL 33062

Mailing Address

1500 N. OCEAN BLVD., #403  
POMPANO BEACH FL 33062-3444

2. Principal Place of Business

2661 NE 3 Street

3. Mailing Address

2661 NE 3 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

6. Name and Address of Current Registered Agent

WHITE, BRUCE  
1500 N. OCEAN BLVD., #403  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

2661 NE 3 Street

City

POMPANO BEACH

FL

Zip Code 33062

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BRUCE	
STREET ADDRESS	1500 N. OCEAN BLVD., #403	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, PENELOPE	
STREET ADDRESS	1500 N. OCEAN BLVD., #403	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAForge, DAVID	
STREET ADDRESS	1500 N. OCEAN BLVD., #403	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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	White, BRUCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2661 NE 3 Street	
STREET ADDRESS	POMPANO BEACH, FL 33062	
CITY-ST-ZIP		
TITLE	Bell, Penelope	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2661 NE 3 Street	
STREET ADDRESS	POMPANO BEACH, FL 33062	
CITY-ST-ZIP		
TITLE	LAForge, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2661 NE 3 Street	
STREET ADDRESS	POMPANO BEACH, FL 33062	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

(954) 942-5760

CR2E034 (9/99)