## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P96000014271 CONSUMER'S CHOICE CARPET RESTORATION SERVICE. IN 04-20-2001 90021 048 \*\*\*150.00 Principal Place of Business Mailing Address 2661 NE 3RD STREET 2661 NE 3RD STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0641294 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1500 N. OCEAN BLVD., #403 POMPANO BEACH FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition WHITE, BRUCE NAME NAME 2661 NE 3 Street 1500 N. OCEAN BLVD., #403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-7IP TITLE ☐ Delete TITLE SGGINE 3 Street Compano Brack, FL 33062 Michange **BELL. PENELOPE** NAME 1500-N. OCEAN BLVD., #403 STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Delete TITLE LAFORGE, DAVID NAME NAME 2661 NE 3 Steet -1500 N. OCEAN BLVD., #403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition