

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 007 ***150.00

DOCUMENT # **P96000014271**

1. Entity Name

**Consumer's Choice Carpet Restoration
Service, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2661 NE 3 Street

Suite, Apt. #, etc.

3. Mailing Address

2661 NE 3 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number

65-064 1294

Applied For

Not Applicable

Zip

33062

Country

Broward

Zip

33062

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce White

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

2661 NE 3 Street

City

Pompano Beach

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

Bruce White

Bruce White

4/23/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This Corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President Bruce White
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID LAForge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penelope Bell White
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Penelope B. White Corp Secy

4/23/02 954-942-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)