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

DOCUMENT # P96000022534



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90154 037 ***150.00

1. Entity Na	tue.	,			
Superi	or Carpet Cleaning	of Florida, Inc			
	DO NOT WRITI	E IN THIS SF	PACE		
2. Principal	Place of Business	3. Mailing Address	PH. THE USE HELD TO SEE THE SERVENCY WITH SE		
	bulf Beach Blvd	SAM	٠Ē		
Suite, Ap		Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE
City & Sta	a Socions FC	City & State		4. FEI Number 5 9 - 3366346	Applied For Not Applicable
Zip 34689	n Springs FC Country 4-2218 U.S.	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Re	gistered Agent
			Name Carol	· · · · · · · · · · · · · · · · · · ·	
	LDO.NOT_V	IRITE	-Street:Address:(YAA S. Coy/e PO:Box:Number:is:Not:Acceptable)=	
	第三編編 - 京都	大學、明確時期的於明報、語經、明論學的論		palf Beach Blvol	
	IN THIS SI	PAUE :			
			City		Zip Code
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	re named entity submits this statement f ations of registered agent.	for the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
tho obliga	and to registered against				
SIGNATURE	•				
	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Agent signature required	when reinstating)	DATE
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	muary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 & Pavable to Florida Department o	of State		Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be Added to Fees
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolynu & Conce Carolynu & Coyle
SIGNATURE SIGNATURE OF PRINTER HAME OF SIGNING OFFICER OR DIRECTOR

4/6/03 727-938-2146