

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90154 037 ***150.00

DOCUMENT # P96000022534

1. Entity Name

Superior Carpet Cleaning of Florida, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1612 Gulf Beach Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS FL

City & State

4. FEI Number

59-3366340

Applied For

Not Applicable

Zip

34689-2218

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carolynn S. Coyle

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

1612 Gulf Beach Blvd

City

TARPON SPRINGS

FL

Zip Code

34689-2218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	NAME	Coyle Richard	TITLE		NAME	
STREET ADDRESS			SAME AS ABOVE	STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	✓ ST	NAME	Coyle Carolynn	TITLE		NAME	
STREET ADDRESS			SAME	STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	ST	NAME	Coyle Christopher	TITLE		NAME	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP			SAME	CITY - ST - ZIP			
TITLE		NAME		TITLE		NAME	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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TITLE		NAME		TITLE		NAME	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

**DO NOT WRITE
IN THIS SPACE**

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: Carolynn S. Coyle Carolynn S. Coyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

Date

727-938-2146

Daytime Phone #

CR2E034B (12/02)