

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027180

1. Entity Name:

C & B CARPET AND UPHOLSTERY CLEANING, INC.

FILED

Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90535 017 \*\*\*150.00

Principal Place of Business

263 TWELVE LEAGUE CIRCLE  
CASSELBERRY FL 32707  
US

Mailing Address

P.O. BOX 616867  
ORLANDO FL 32861-6867  
US

2. Principal Place of Business

6649 AMORY CT  
Suite, Apt. #, etc. #6

3. Mailing Address

~~6649~~ P.O. Box 616867  
Suite, Apt. #, etc. GR

City & State

WINTER PARK FL

City & State

ORLANDO FL

4. FEI Number

59-3373370

Applied For

Not Applicable

Zip

32792

Country

Scm.

Zip

32861

Country

ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAIR, CHARLES E  
263 TWELVE LEAGUE CIR  
CASSELBERRY FL 32707

Name

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

City

FL

Zip Code

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **Vice PD** ☐ Delete  
NAME **BLAIR, ZILKE L**  
STREET ADDRESS **263 TWELVE LEAGUE CIR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **BLAIR, CHARLES**  
STREET ADDRESS **6649 AMORY CT #6**  
CITY-ST-ZIP **WINTER PARK, FL 32782**

TITLE ☐ Change ☒ Addition  
NAME **Vice PD**  
STREET ADDRESS **BLAIR, ZILKE L**  
CITY-ST-ZIP **6649 AMORY CT #6**  
**WINTER PARK, FL 32782**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles Blair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-2001 3541769  
Daytime Phone #

CR2E034 (10/00)