

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 JUN 21 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000053192**

1. Entity Name

**All-Pro Cleaning and Carpet, Inc.**

Principal Place of Business

**2507 Hastings Dr.  
Tallahassee, FL 32303**

Mailing Address

**P.O. Box 6603  
Tallahassee, FL 32314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3396527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**John S. Cowen**

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

**2507 Hastings Dr.**

City

**Tallahassee**

**FL**

Zip Code

**32303**

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)

**6-21-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
NAME **John S. Cowen**  
STREET ADDRESS **2507 Hastings Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32303**

☐ Change ☐ Addition  
300004448643--6  
-06/28/01--01019--009  
\*\*\*\*158.75 \*\*\*\*158.75

TITLE **Vice-President** ☐ Delete  
NAME **Melissa Lammay**  
STREET ADDRESS **2507 Hastings Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32303**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**SP**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-21-01** **(850)** **562-6036**

Date

Daytime Phone #

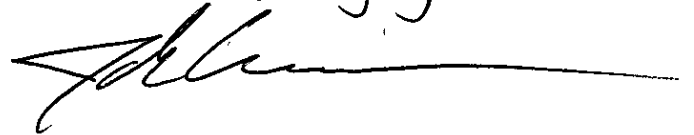
CR2E034 (11/00)

To: Whom it may concern -

6/21/01

I, John S. Cowen, purchased All-Pro Cleaning and Carpet on April 26, 2001. Until today, 6-21-01, I was unaware of the UBR Fee that I am responsible for. Please accept my payment today of \$150.00.

Very Respectfully yours,



John S. Cowen