

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

DOCUMENT # P 96000053192

1. Entity Name

ALL-PRO Cleaning & Carpet Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 24 PM 2:51

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2507 Hastings Rd

Suite, Apt. #, etc.

3. Mailing Address

2507 Hastings Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallah, FL

City & State

Tallah, FL

4. FEI Number

59-3396527

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Cowen

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

2507 Hastings Rd

City

Tallah, FL

FL

Zip Code

32303

**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

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) ☐

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

PRESIDENT

NAME

John Cowen

STREET ADDRESS

2507 Hastings Rd

CITY-ST-ZIP

Tallah, FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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-08/02/02--01046--015

*****70.00 *****70.00

TITLE

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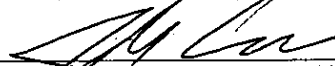
NAME

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-02

Date

562-6036

Daytime Phone #

CR2E034B (12/01)