FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91180 042 ***150.00

DOCUMENT #: P96000065632

1. Entity Name:
HOUSE CARPET CLEANING, INC.

Principal Place of Business:
1235 NORTHWEST 51ST STREET
POMPANO BEACH FL 33064

Mailing Address:
1235 NORTHWEST 51ST STREET
POMPANO BEACH FL 33064-9-01

Coupons Florida 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
1235 N.W. 51st STREET
Suite, Apt. #, etc.

3. Mailing Address:
1235 N.W. 51st STREET
Suite, Apt. #, etc.

City & State: DEERFIELD BCH, FL
Zip: 33442
Country: BROWARD

City & State: DEERFIELD BCH, FLORIDA
Zip: 33442
Country: BROWARD

4. FEI Number: 65-0688340
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOUSE, TIMOTHY W
1235 NORTHWEST 51ST STREET
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

8. 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, 2000 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

1. OFFICERS AND DIRECTORS		2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE	D	TLE	☐ Change ☐ Addition
ME	HOUSE, TIMOTHY	ME	
REET ADDRESS	1235 NORTHWEST 51ST STREET	REET ADDRESS	
Y-ST-ZIP	POMPANO BEACH FL 33064	Y-ST-ZIP	
LE	☐ Delete	TLE	☐ Change ☐ Addition
ME		ME	
EET ADDRESS		EET ADDRESS	
Y-ST-ZIP		Y-ST-ZIP	
LE	☐ Delete	TLE	☐ Change ☐ Addition
ME		ME	
EET ADDRESS		EET ADDRESS	
Y-ST-ZIP		Y-ST-ZIP	
E	☐ Delete	TLE	☐ Change ☐ Addition
ME		ME	
EET ADDRESS		EET ADDRESS	
Y-ST-ZIP		Y-ST-ZIP	
E	☐ Delete	TLE	☐ Change ☐ Addition
ME		ME	
EET ADDRESS		EET ADDRESS	
-ST-ZIP		Y-ST-ZIP	
E	☐ Delete	TLE	☐ Change ☐ Addition
ME		ME	
EET ADDRESS		EET ADDRESS	
-ST-ZIP		Y-ST-ZIP	

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.

GNATURE: Timothy W House 2/3/00 954-360-0069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Timothy W House 5/17/01 954-360-0069