FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91468 031 ***150.00

DOCUMENT # P96000065632

Entity Name:
HOUSE CARPET CLEANING, INC.

Principal Place of Business:
35 NORTHWEST 51ST STREET
OMPANO BEACH FL 33064

Mailing Address:
1235 NORTHWEST 51ST STREET
POMPANO BEACH FL 33064-9101

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

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

DO NOT WRITE IN THIS SPACE

City & State
EERFIELD BCH, FL 33442
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)

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, 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

11. OFFICERS AND DIRECTORS

TLE
ME
TREET ADDRESS
TY-ST-ZIP

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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

DO NOT WRITE IN THIS SPACE

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: 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 4/23/03