

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076832

1. Entity Name

PALM BEACH CARPET & UPHOLSTERY CARE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90796 003 ***150.00

Principal Place of Business

220 N COUNTRY CLUB DR
 ATLANTIS FL 33462
 US

Mailing Address

220 N COUNTRY CLUB DR
 ATLANTIS FL 33462-1114
 US

2. Principal Place of Business

4244 Colt Lane

Suite, Apt. #, etc.

3. Mailing Address

4244 Colt Lane

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

33406

Country

P.B.

Zip

33406

Country

P.B.

4. FEI Number

65-0679526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOJTY, ERIC J IKO
 220 N COUNTRY CLUB DR
 ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name

WOJTYLKO, ERIC

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

4244 Colt Lane

City

West Palm Beach FL

Zip Code

33406

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, 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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WOJTYLKO, ERIC	
STREET ADDRESS	220 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOJTYLKO, ERIC	
STREET ADDRESS	220 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-00

Daytime Phone #

(561) 966-2908

CFR2034 (9/99)