

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086966

1. Entity Name

KARPET DOCTOR SPECIALISTS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90103 043 \*\*\*150.00

Principal Place of Business 2987 S. ATLANTIC AVENUE SUITE 1805 DAYTONA BEACH SHORES FL 32118	Mailing Address 2987 S. ATLANTIC AVENUE SUITE 1805 DAYTONA BEACH SHORES FL 32127-5763
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A0011958

2. Principal Place of Business 3831 S. ATLANTIC AVE.	3. Mailing Address 3831 S. ATLANTIC AVE.
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Suite, Apt. #, etc. UNIT 601	Suite, Apt. #, etc. UNIT 601
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City & State DAYTONA BEACH SHORES FL	City & State DAYTONA BEACH SHORES FL
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Zip 32127	Country USA	Zip 32127	Country USA
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4. FEI Number 59-3417265	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, EMMETT J  
2987 S. ATLANTIC AVENUE  
SUITE 1805  
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, EMMETT J 2987 S ATLANTIC AVE #1805 DAYTONA BCH SHRS FL 32118	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CIANCARULO, MICHAEL A 2349 APOPKA BLVD. APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, DELILAH K 2987 S ATKABTUC AVE #1805 DAYTONA BEACH SHRS FL 32118	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, EMMETT J. 3831 S. ATLANTIC AVE #601 DAYTONA BCH SHRS, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, DELILAH K. 3831 S. ATLANTIC AVE. #601 DAYTONA BCH SHRS, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/19/2000 (904) 253-3330 x16

Date

Daytime Phone #