2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P96000095375** Mar 17, 2000 8:00 am **Secretary of State** PRO-CLEAN CARPET CARE, INC. 03-17-2000 90024 022 ***150.00 Mailing Address Principal Place of Business 2175 KINGSLEY AVE 2175 KINGSLEY AVE STE 204 STE 204 ORANGE PARK FL 32073 ORANGE PARK FL 32073-5117 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3411435 Not Applicable Zip Country~ \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 2175 KINGSLEY AVE **STE 204** ORANGE PARK FL 32073 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PTD ☐ Delete TITLE TITLE BURTON, ROBERT H NAME NAME STREET ADDRESS STREET ADDRESS 2175 KINGSLEY AVE STE 204 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Change ☐ Delete ☐ Addition TITLE TITLE BURTON, ROBERT H NAME NAME STREET ADDRESS 2175 KINGSLEY AVE STE 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 toport 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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

3-4-00

☐ Change

☐ Change

☐ Addition

☐ Addition