

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90085 048 ***150.00

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DOCUMENT # P96000095375

1. Entity Name

PRO-CLEAN CARPET CARE, INC.



Principal Place of Business

369 BLANDING BLVD

N-02

ORANGE PARK FL 32073

US

Mailing Address

369 BLANDING BLVD

N-02

ORANGE PARK FL 32073

US

2. Principal Place of Business

6316 San Juan Ave

3. Mailing Address

6316 San Juan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

116

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. FEI Number

59-3411435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BURTON, ROBERT H

2175 KINGSLEY AVE

STE 204

ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

6316 San Juan Ave

116

City

Jacksonville

FL

Zip Code

32210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert H Burton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BURTON, ROBERT H
2175 KINGSLEY AVE STE 204
ORANGE PARK FL 32073

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BURTON, ROBERT H
2175 KINGSLEY AVE STE 204
ORANGE PARK FL 32073

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-03

Date

904-771-4532

Daytime Phone #

CR2E034 (10/02)