

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004488

1. Entity Name

FLORIDA STEAM CARPET INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90022 036 ***150.00

Principal Place of Business

Mailing Address

331 JONQUIL CR
 FORT WALTON BEACH FL 32548
 US

PO BOX 2454
 FT WALTON BEACH FL 32549-2454
 US

2. Principal Place of Business

3. Mailing Address

331 Jonquil Circle
 Suite, Apt. #, etc.

P.O. Box 2545
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Ft Walton Beh, FL

City & State
 Ft Walton Beh, FL

4. FEI Number 59-3429748

Applied For
 Not Applicable

Zip
 32548

Country
 Okaloosa

Zip
 32548

Country
 Okaloosa

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, ROBERT R
 5928 STONLER RD
 TALLAHASSEE FL 32303

Name Robert R Christian

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

331 Jonquil Circle

City Ft Walton Beh FL Zip Code 32548

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTIAN, ROBERT R	
STREET ADDRESS	331 JONQUIL CR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTIAN, GINA D	
STREET ADDRESS	331 JONQUIL CR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	please remove	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert R Christian	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Gina Christian	<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
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: Robert R Christian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)