

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90020 021 ***150.00

DOCUMENT # P97000016710

1. Entity Name

CHARLEY'S MAGIC CARPET CLEANING COMPANY INC.

Principal Place of Business

5792 SUN POINTE CR
 BOYNTON BEACH FL 33437
 US

Mailing Address

5792 SUN POINTE CR
 BOYNTON BEACH FL 33437-3346
 US

00020380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0731250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDMONDS, CHARLES S
4792 SUN POINTE CR
BOYNTON BEACH FL 33437

Name

EDMONDS, CHARLES S

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

5792 SUN POINTE CR

City

Boynton Beach

FL

Zip Code

33437

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** Delete
 NAME **EDMONDS, C**
 STREET ADDRESS **5792 SUN POINTE CR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **EDMONDS, A M**
 STREET ADDRESS **3562 QUENTIN AVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **EDMONDS, A M**
 CITY-ST-ZIP **5792 SUN POINTE CR**
BOYNTON BEACH FL 33437

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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TITLE Change 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: *James M. Edmonds* **Feb 18 00** **561 735 0138**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/98)