2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2000 8:00 am Secretary of State DOCUMENT # P97000017418 CARPET DRY CLEANING SYSTEMS, INC. 02-03-2000 90004 004 ***150.00 Principal Place of Business · Mailing Address 2512 DAKOTA TRAIL FERN PARK 2512 DAKOTA TRAIL FERN PARK E 909297 WINTER SPRINGS FL 32730 WINTER SPRINGS FL 32730 2. Principal Place of Business 2512 DAK07 3. Mailing Address 512 DH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3430569 FERN Not Applicable Seminole \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAFRANCE, DANIEL J (P.O. Box Number is Not Acceptable) 847 DUNBAR DRIVE WINTER SPRINGS FL 32708-2006 E Zip Code 32730-30 🖪s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 11. 12. DANIELJ. KChange PRESIDENT TITLE TITLE □ Delete LAFRANCE ASID DAKOTA NAME LAFRANCE, DANIEL J NAME STREET ADDRESS 32730-3004 STREET ADDRESS 847 DUNBAR DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708-2006 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 407

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

677-1622