

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057882

1. Entity Name

CERTIFIED CARPET CARE, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90405 010 ***150.00

00034441



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2059 RYAR ROAD
JACKSONVILLE FL 32216

Mailing Address

POST OFFICE BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

2059 Ryar Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3454268

Applied For

Not Applicable

Zip

Country

32216 Duval

Zip

Country

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

6. Name and Address of Current Registered Agent

MORRIS
MORIS, BARBARA
2059 RYER ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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

TITLE PVTS
NAME MORRIS, BARBARA
STREET ADDRESS 2059 RYER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216
correct spelling Ryar

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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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:

Barbara Morris
Barbara A. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-23-01 904-724-2420
Date Daytime Phone #

CR2E034 (10/00)