

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068750

1. Entity Name

ULTRA CLEAN CARPET, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90052 032 ***150.00

Principal Place of Business

Mailing Address

7221 SE SEAGATE LN
STUART FL 34997
US

7221 SE SEAGATE LN
STUART FL 34997-2162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME



DO NOT WRITE IN THIS SPACE

City & State

City & State

JENSEN BEACH FL.

4. FEI Number

65-0771268

Applied For

Not Applied

Zip

Country

Zip

Country

34957

Martin CO

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

QUAGLIERI, RONALD
7221 SE SEAGATE LN
STUART FL 34997

Name

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

1026 NE SUMMER AVE

City

JENSEN BEACH

FL

Zip Code

34957

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

Joseph Rummo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-00

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 QUAGLIERI, R
STREET ADDRESS 7221 SE SEAGATE LN
CITY-ST-ZIP STUART FL 34997

TITLE P ☒ Change ☐ Additio

NAME Rummo JOSEPH
STREET ADDRESS 1026 NE SUMMER AVE
CITY-ST-ZIP JENSEN BEACH FL, 34957

TITLE VP ☒ Delete

NAME QUAGLIERI, J
STREET ADDRESS 7221 SE SEAGATE W
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Additio

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CITY-ST-ZIP

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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:

Joseph Rummo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 561 486-130