

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000110

1. Entity Name

CROSS CARPET CLEANING COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 030 ***150.00

Principal Place of Business

Mailing Address

502 JESSICA ST SOUTH
 NOKOMIS FL 34275

502 JESSICA ST SOUTH
 NOKOMIS FL 34275-2847

2. Principal Place of Business

3. Mailing Address

1020 Coleman Ave.

1020 Coleman Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

34232

USA

Zip

Country

34232

USA

4. FEI Number

65-0809016

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS STOLTZFUS, TODD M
 CITY-ST-ZIP 502 JESSICA ST SOUTH
 NOKOMIS FL 34275

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1020 Coleman Ave
 CITY-ST-ZIP Sarasota, FL 34232

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2000 (941) 486-9018

CR2E034 (9/99)