2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000010339

1. Entity Name

FIRST CHOICE CARPET CLEANING, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90073 040 ***158.75

| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ROBINSON, GREGORY A STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 | | | | | | VI TEN | | | | | | |
|--|-----------------------------|---|---|--------------------|---------------|------------------------|----------------|-----------------------------------|--------------|-------------------|------------|--|
| Suite. Appl. 4. etc. Suite. Appl. 4. etc. Suite. Appl. 4. etc. Cay 6. State 4. FEI Number 59-3496621 Application Nor. Applicable Nor. Applicab | 1183 E HILLSBO | ROUGH AVE | 4183 E HILLSBOROUGH AVE TAMPA FL 33610 | | | | | | | | | |
| City & State City & State | 2. Principal Pla | ce of Business | | | | | | | | | | |
| City & State Country Zp Country Spanse and Address of Current Registered Agent | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | |
| S. Certificate of Status Desired A Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Diff Signam, Update primed surface of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and registered agent and registered agent and registered agent | City & State | | City & State | | | | 4. F | 59-3496621 | | | | |
| ROBINSON, GREGORY A 4183 E HILLSBOROUGH AVE TAMPA FL 33810 City FL City FL Zip Code Addied to Fees Addied to Fees Addied to Fees Addied to Fees Make Flust Alorests City FL Zip Code Addied to Fees Addied to Fees Addied to Fees Addied to Fees City FL Zip Code Addied to Fees Addied to Fees Addied to Fees Addied to Fees City FL City FL Zip Code Addied to Fees City FL City FL Zip Zip Code Addied to Fees Addied to Fees Addied to Fees Addied to Fees City FL City FL Zip City FL Zip Zip City FL Zip City FL Zip City FL Zip Zip City FL Zip Zip | Zip | Country | Zip Country | | | try | | | JA F | ee Required | | |
| ROBINSON, GREGORY A 4183 E HILLSBOROUGH AVE TAMPA FL 33610 City FL Zip Code | | C. Name and Address of Current | Registered | Agent | | | 7N | ame and Address of New Re | egistered Ac | ent | | |
| ### AIRES ADMISSON AT PROPERTY OF THE PROPERTY | | B. Name and Address of Control | | • | | Name | | , | | | | |
| B. 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. I am familiar with, and accept the obligations of registered agent. Signature, hope or private frame of registered agent. NOTE: Registered Agent signature required have reduction; DATE | | | | | | Street Addre | ss (P.O. Bo | ox Number is Not Acceptable | 1 | n. | | |
| 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. Tam familiar with, and accept the obligations of registered agent. Commonweight Commonweig | TAMPA FL | 33610 | | | | City | | | FI | Zip Code | | |
| THE COLIGRATIONES of registered agent and set if applications. (MOTE: Registered Agent signature nequired when ministricity) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | | | | | | · · | | | | 1 | | |
| FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | 8. The above the obligation | named entity submits this statement for ons of registered agent. | or the purpo | se of changing its | s register | ed office or regi | istered age | ent, or both, in the State of Flo | поа. Гаппа | ilililai witir, a | ind accept | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS | SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applic | able. (NOT | ΓE: Registere | ed Agent signature rec | quired when re | Instating) | DATE | | | |
| TITLE D Change Addition TITLE D CHANGE TO OFFICERS AND DIRECTORS IN 11 TITLE D CHANGE TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE TAMPA FL 33610 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE | After | May 1, 2003 Fee will be \$550.00 | of State | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANAME STREET ADDRESS CITY-ST-ZIP CHANAME STREET ADDRESS CITY-ST-ZIP | | | | | I 11 | | AD | DITIONS/CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10. | | DIRECTOR | | _ | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE D ROBINSON, LISA 4183 E HILLSBOROUGH AVE TTMPA FL 33610 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STR | | | | L_I Delete | | | | | | | | |
| SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | NAME | HUBINSON, GREGORI A | | | | | | | | | | |
| TITLE D Change Addition TITLE ROBINSON, LISA 4183 E HILLSBOROUGH AVE TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 1 | | | | | | | |
| TITLE ROBINSON, LISA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD | CITY-ST-ZIP | IAMPA FL 33610 | | | | | <u>-</u> | | - | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | _ | | ☐ Delete | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME | ROBINSON, LISA | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | TAMPA FL 33610 | | | | | | | | -Fi-Change | - F | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | | | Delete | | l l | | • | | | | |
| CITY-ST-ZIP | | | | | | I | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | CITY-ST-ZIP | | | · | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | TITLE | | | ∟ Delete | | | | | | vg. | | |
| CITY-ST-ZIP | NAME | | | | | 1 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | STREET ADDRESS | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | CITY-ST-ZIP | | | | _ | | | | | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | TITLE | | | L_1 Delete | | | | | | | | |
| CITY-ST-ZIP | NAME | | | | | I . | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | CITY-ST-ZIP | | | | | | <u> </u> | <u> </u> | - | Change | ☐ Addition | |
| STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP | TITLE | | | Delete | | I . | | | | ш спанде | ☐ Vaamon | |
| CITY-SI-ZIP | | | | | | I . | | | | | | |
| LIIT-81-21" | STREET ADDRESS | | | | | I . | | | | | | |
| | CITY-ST-ZIP | | | | | i i | | | | | | |

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #