

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 021 ***150.00

DOCUMENT # P98000014044

1. Entity Name
DIAMOND CARPET CARE, INC.



Principal Place of Business
10545 PARKWAY DRIVE
CLERMONT FL 34711

Mailing Address
10545 PARKWAY DRIVE
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3507745

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CROWLEY, KEVIN X
% PENNINGTON MOORE WILKINSON BELL & DUNBAR
215 SOUTH MONROE STREET
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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CROWLEY, JAMES X
10545 PARKWAY DRIVE
CLERMONT FL 34711 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.02.01 352 242 1296
 241 8119
 Date Daytime Phone #

CR2E034 (5/01)



DIAMOND CARPET CARE INC.

P.O. Box 120668
Clermont, FL 34712
(352) 241-8119

Attachment
AU 8/23/01

098010014044

Greetings.

~~I must Ask for Your assistance with this~~
Matter. Upon sitting Down to file my UBR, I
Realized that it was over due as of MAY 2001.
Upon contact with Your office I was advised
that a Blank Report was sent to my Residence,
however I did not Recieve it. When I went to
file, I realized that this was a 2nd notice and
~~the fee went from 150⁰⁰ to 550⁰⁰. I am~~
a owner/operator of this small Carpet Cleaning
Business, And 400⁰⁰ extra dollars is a crushing
Blow to my finances. I do realize my ERROW
And can assure You that in Jan. 2002

Cont.



DIAMOND CARPET CARE INC.

P.O. Box 120668
Clermont, FL 34712
(352) 241-8119

Attachment
A080381

998000014044

I will be looking for next years
Report, and will be prompt in Returning it or
notifying you Regarding receiving it. This
directly effects my livelihood and I would
be very grateful for this consideration to
Allow me to pay the original fee of 150⁰⁰

Thank You
Jim Crowley

Daytime #

352 241 8119 W

352 242 1296 H