

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016929

1. Entity Name

CARPET & FLOOR CARE SERVICE, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90162 046 \*\*\*150.00

Principal Place of Business

STILLWATER DR.  
FL 34743

Mailing Address

2945 STILLWATER DR.  
KISSIMMEE FL 34743-7845

C0006255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 NORTH HOAGLAND BLVD.  
Suite, Apt. #, etc.

3. Mailing Address

118 WEST ORANGE ST  
Suite, Apt. #, etc.

City & State  
KISSIMMEE FL  
Zip  
34741

City & State  
AUSTIN SPRING  
Zip  
38714

4. FEI Number 59-3498395  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, ANGEL MR  
2945 STILLWATER DR  
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name VAZQUEZ ANGEL  
Street Address (P.O. Box Number is Not Acceptable)  
1111 NORTH HOAGLAND APT. A.  
City Kissimmee FL Zip Code 34741

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 *Angel Vazquez Pres.* DATE 1/10/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VAZQUEZ, ANGEL V	2945 STILLWATER DR.	KISSIMMEE FL 34743	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #

CR2E034 (9/99)