

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016929

1. Entity Name

EMPIRE CARPET & FLOOR CARE SERVICE, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90046 032 ***150.00

818369



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1111 N HOAGLAND BLVD
KISSIMMEE FL 34741

Mailing Address

118 W ORANGE ST
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2945 STILLWATER DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

4. FEI Number

59-3498395

Applied For

Not Applicable

Zip

34743

Country

U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

VAZQUEZ, ANGEL MR
1111 N HOAGLAND APT A
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

2945 Stillwater Dr.

City

Kissimmee

FL

Zip Code

32743

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

Mr. Angel Vazquez Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS VAZQUEZ, ANGEL V
CITY-ST-ZIP 2945 STILLWATER DR.
KISSIMMEE FL 34743

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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:

Mr. Angel Vazquez Pres. MR. ANGEL VAZQUEZ PRES.

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/01

Daytime Phone #

1-800-344-1126

CR2E034 (10/00)