

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071333

1. Entity Name

JUSTICE CARPET CLEANING OF MARTIN COUNTY, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 038 ***150.00

Principal Place of Business

9173 SE MYSTIC COVE TERRACE
HOBE SOUND FL 33455

Mailing Address

9173 SE MYSTIC COVE TERRACE
HOBE SOUND FL 33455

SAME

SAME

2. Principal Place of Business

9173 SE MYSTIC

3. Mailing Address

9173 SE MYSTIC COVE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound FL

City & State

Hobe Sound FL

Zip

33455

Country

Martin

Zip

33455

Country

Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-2919666

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

LEES, RONALD W
9173 SE MYSTIC COVE TERRACE
HOBE SOUND FL 33455

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BROWN, RODNEY**
STREET ADDRESS **9472 JORDAN WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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 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

4-26-01

Date

561-283-5336

Daytime Phone #

CR2E034 (10/00)