2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000074779** May 22, 2000 8:00 am Secretary of State **FXPRESS CARPET CARE OF PINELLAS, INC.** 05-22-2000 90006 003 ***150.00 Principal Place of Business Mailing Address 25 BELCHER RD N 25 BELCHER RD N #C98 CLEARWATER FL 33762-2237 **CLEARWATER FL 33765** 2. Principal Place of Business 3. Mailing Address POD. BOX 1417 Gulf Stream Cir Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>1</u>04 Applied For City & State 4. FEI Number City & State APPLIED FOR .Refershure Not Applicable Country A. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURKNETT, JESSIE V Street Address (P.O. Box Number is Not Acceptable) 10600 4TH STREET, APT 1103 ST PETERSBURG FL 33716 7in 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITLE Change Addition Sersic Turknett 1417 Gulf Stream Cir. #104 TITLE Delete NAME TURKNETT, JESSIE NAME STREET ADDRESS 25 BELCHER RD N #C98 STREET ADDRESS BrondoniFI CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change ☐ Addition ☐ Delete TITLE TITLE TURKNETT, LEROY III NAME NAME Gulf Stream eir # 104 STREET ADDRESS STREET ADDRESS 25 BELCHER RD N #C98 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.