

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90184 043 ***150.00

DOCUMENT # P98000074779

1. Entity Name

EXPRESS CARPET CARE OF PINELLAS, INC.

Principal Place of Business

**414 HICKORY TREE CIR
 SEFFNER FL 33584**

Mailing Address

**P.O. BOX 21315
 ST. PETERSBURG FL 33742**

2. Principal Place of Business

1417 Harness Horse Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Zip

33511

Country

USA

Country

4. FEI Number

59-3568937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TURKNETT, JESSIE V

10600 4TH STREET, APT 1103

ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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

Jessie V. Turknett
 Signature typed or printed name of registered agent and title if applicable.

Secretary/Treasurer
 (NOTE: Registered Agent signature required when reinstating)

4/27/02
 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	TURKNETT, JESSIE	
STREET ADDRESS	414 HICKORY TREE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	TURKNETT, LEROY III	
STREET ADDRESS	414 HICKORY TREE CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Leroy III Turknett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
 Date

727-398-4824
 Daytime Phone #

CR2E034 (9/01)