2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-18-2000 90298 035 ***150.00
00 JUN 12 PM 1:30

DOCUMENT # P98000079446

1. Entity Name

DUN RITE CARPET CARE, INC.

Principal Place of Business	Mailing Address
11789 SOUTHEAST 55TH AVENUE BELLEVIEW FL 34420	11789 SOUTHEAST 55TH AVENUE BELLEVIEW FL 34420-6019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5457 SE 117th Place	5457 SE 117th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleview, Fl.	City & State: Belleview, Fl.
Zip: 34420 Country: USA	Zip: 34420 Country: USA

4. FEI Number 59-3533069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIKENJANSKI, JOHN
11789 SE 55TH AVE
BELLVIEW FL 34420

7. Name and Address of New Registered Agent

Name: JOHN SHIKENJANSKI
Street Address (P.O. Box Number is Not Acceptable): 5457 S.E. 117th Place
City: Belleview, Fl. FL Zip Code: 34420

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)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SHIKENJANSKI, JOHN N 11789 SOUTHEAST 55TH AVENUE BELLEVIEW FL 34420 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5457 S.E. 117th Place Belleview, Fl. 34420
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition JB 6/20
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 4/28/00 (352) 245-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #