

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90259 032 ***150.00

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DOCUMENT # P99000020669			
1. Entity Name D.R.S. CARPET SERVICE, INC.			
Principal Place of Business 2641 SW CAMEO BLVD. PORT ST. LUCIE FL 34953		Mailing Address 2641 SW CAMEO BLVD. PORT ST. LUCIE FL 34953	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SORCI, DENNIS C 2641 SW CAMEO BLVD. PORT ST. LUCIE FL 34953		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State Zip Code FL	
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, 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	NAME ☐ Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME ☐ Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
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CITY-ST-ZIP			
TITLE	NAME ☐ Delete		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME ☐ Change ☐ Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME ☐ Change ☐ Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME ☐ Change ☐ Addition		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME ☐ Change ☐ Addition		
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.			
SIGNATURE: <i>[Signature]</i> SORCI, DENNIS C Pres. 4/22/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)