

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA000034722**

1. Entity Name

**Pride Carpet Cleaning, Inc**

Principal Place of Business

**1410 NE 6ST**

**Ft. Lauderdale FL 33304**

Mailing Address

**1410 NE 6ST**

**Fort Lauderdale FL 33304**

2. Principal Place of Business

**2300 NE 33<sup>rd</sup> Ave**

Suite, Apt. #, etc.

**902**

3. Mailing Address

**PO Box 4036**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL 33338**

Zip

**33305**

Country

**Broward**

Zip

**33338**

Country

**Broward**

4. FEI Number

**65-0912358**

Applied For

**Not Applicable**

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Thornton, William A**

**1410 NE 6ST**

**Ft. Lauderdale FL 33304**

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

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)

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**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.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **Thornton, William A**  
STREET ADDRESS **1410 NE 6ST**  
CITY-ST-ZIP **Ft. Lauderdale FL 33304**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/01 954-832-0799**

Daytime Phone #

FILED  
01 AUG 20 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/11/00 90062 - 044-1500  
2000-01 4612

CR2E034 (11/00)

To: Division of Corporation  
From: Pride Carpet Cleaning, Inc.  
Subject: Reinstatement of Incorporation

To Whom It May Concern:

I never received a letter last year stating that my company was <sup>late.</sup> dissolved. I did send in my \$150.00 in that was cashed last year. Recently I came to relive that I did not receive the uniform business report for this year. After researching for what happen, I then contacted your office to find that my company has been dissolved.

Please consider waiving the reinstatement fee since I was not aware of what of the revocation.

Thank you, for the consideration!

Sincerely,



William A. Thornton  
Pride Carpet Cleaning