

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 024 ***150.00

DOCUMENT # P99000034722

1. Entity Name
PRIDE CARPET CLEANING, INC.



Principal Place of Business
**1881 NE 26 ST
FORT LAUDERDALE, FL 33305**

Mailing Address
**P.O. BOX 4036
FORT LAUDERDALE, FL 33338**

2. Principal Place of Business
**3042 N. Federal Hwy
Suite, Apt. #, etc.
207**

3. Mailing Address
**P.O. Box 4036
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL
Zip
33306 Country
USA

City & State
Ft. Lauderdale FL
Zip
33338 Country
USA

4. FEI Number
65-0912358

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**THORNTON, WILLIAM A
1410 N.E. 6TH ST.
FT. LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name
Thornton, William A.

Street Address (P.O. Box Number is Not Acceptable)
2300 NE 33rd Ave #902

Ft. Lauderdale FL Zip Code 33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reissuing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THORNTON, WILLIAM A
1410 N.E. 6TH ST.
FT. LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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NAME
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Thornton, William A
2300 NE 33rd Ave #902
Ft. Lauderdale FL 33305** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954-832-0799
Date Daytime Phone #

CR2E034 (10/02)