CR2E034 (10/02)

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPO)RT (L	JBR)	_ Apr 18, 200	J3 8:U	u am
DOCUMENT # P9900036009 1. Entity Name					Secretary of State 04-18-2003 90132 037 ***150.00		
CALDER CARPET CARE INC.					04-18-2003 90132	037 130	.00
5976 GOLDEN	ce of Business I EAGLE CIRCLE GARDENS FL 33418		Mailing Address 5976 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418				
	Place of Business AS ABOUE #, etc.	3. Mailing Address PO BOX 2924 Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State JUPITER, FL		4. FEI Number 65-0911456	├	oplied For ot Applicable	
Zip Country		33.468		N BEACH	5. Certificate of Status Desired	\$8:75 Add Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
000000	TON OFFICE COMPANY			Name			
	ATION SERVICE COMPANY 'S STREET		Street Address ((P.O. Box Number is Not Acceptable)		
TALLAHAS	SSEE FL 32301-2525		_				
	,			City	F	Zip Code	э
	e named entity submits this statement for tions of registered agent.	the purpose of changi	ng its registere	d office or register	red agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed or printed hame of registered agent a	and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating) DATI		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		,,	9. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be I to Fees
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11
TITLE NAME	D BAILEY, ROBERT L	☐ Delete			ADDITIONATION AND THE STATE OF	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5976 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 3341	8		T ADDRESS ST-ZIP			
TITLE VAME STREET ADDRESS CITY-ST-ZIP	D MATSON, SUSAN R 5976 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 3341	☐ Delete		T ADDRESS ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: Delete			T ADDRESS ST-ZIP	☐ Change ☐ A		☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-: TITLE NAME STREE CITY-:	T ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREE	TADDRESS		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualfy 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 like 9

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP