2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 14, 2002 8:00 am DOCUMENT # P99000041526 **Secretary of State** 1. Entity Name 03-14-2002 90063 012 ***150.00 UNITED CARPET AND UPHOLSTERY CLEANING SERVICES, INC. Principal Place of Business Mailing Address 3750 HONEYSUCKLE LANE 3730 HONEYSUCKLE LANE ATLANTA GA 30340 ATLANTA GA 30340 3. Mailing Address 2. Principal Place of Business 80115-TAMI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 58-2461676 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIBITE 05804 MUSNICK, RUSSELL S Street Add 2113 PINEHURST WAY **CORAL SPRINGS FL 33071** 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 (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/6) ☐ Change Addition □ Delete TITLE TITLE MUSNICK, RUSSELL NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 2113 PINEHURST WAY CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33071 ☐ Addition Change TITLE ☐ Delete NAME NAME DIBITETTO, JOSEPH STREET ADDRESS STREET ADDRESS 18011 S TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Change Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

FILED