## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2708 SOUTH 10TH STREET

FORT PIERCE FL 34982-5809

## DOCUMENT # P9900043666

1. Entity Name

Principal Place of Business

2708 SOUTH 10TH STREET

FORT PIERCE FL 34552

STEAM ONE CARPET & UPHOLSTERY CLEANING CO.

2. Principal Place of Business 3. Mailing Address 216 E CAMINO 216 E CAMINO REAL REAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number BOCA RATON BOCA RATON FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PALM BURCH 33432-6132 Fee Required ( PITLM BEACH 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STURN SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 . FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SEC TREAS TOTRECTOR X Delete TITLE MARTHA M. MAILTIN WOLFF, RICHARD D 216 E CAMINO REAL STREET ADDRESS 2708 SOUTH 10TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34552 RATON, I-L 3343L-613 TITLE TITI F Delete PORTUESE, JOSEPH V NAME NAME STREET ADDRESS 2708 SOUTH 10TH STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FORT PIERCE FL 34552 PRESIDENT, DIRECTOR GARY D'STERM 216 E CAMINO REAL ☐ Addition TITI F Delete TITLE STERN, GARY D NAME NAME STREET ADDRESS STREET ADDRESS 2708 SOUTH 10TH STREET-CITY-ST-ZIP CITY-ST-7IP RATON, ILL 3343 L FORT PIERCE FL 34552 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change C Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 SIGNATURE:

FILED

May 23, 2000 8:00 am Secretary of State

Daytime Phone #

05-23-2000 90238 047 \*\*\*150.00