

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90166 047 ***150.00

DOCUMENT # P99000071116

1. Entity Name
WARREN'S UPHOLSTERY AND CARPET CLEANING INC.

653695



DO NOT WRITE IN THIS SPACE

Principal Place of Business
143 N. AUDREY CIR.
FT. WALTON BEACH FL 32548

Mailing Address
143 N. AUDREY CIR.
FT. WALTON BEACH FL 32548

2. Principal Place of Business
575 N. Beal Pky
 Suite, Apt. #, etc.
B

3. Mailing Address
575 N. Beal Pky
 Suite, Apt. #, etc.
B

City & State
Ft. Walton Beh, FL

City & State
Ft. Walton Beh, FL

Zip
32548

Country
USA

Zip
32548

Country
USA

4. FEI Number **59-3409067**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUST, LAVONDA G
143 N. AUDREY CIR.
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Accepted)
182 Brewer Cr
 City
Ft. Walton Mary Esther FL Zip Code
32569

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	owner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUST, LAVONDA G		NAME	Rust, Warren	
STREET ADDRESS	143 N. AUDREY CIR.		STREET ADDRESS	575 N. Beal Pky	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		CITY-ST-ZIP	Ft Walton Beh, FL 32548	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lavonda G Rust Date: 4-26-01 Daytime Phone #: 850-244-2502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)