

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**  
 09-12-2000 90006 046 \*\*\*550.00

**DOCUMENT # P99000073861**

**1. Entity Name**  
**AFFORDABLE CARPET CARE, INC.**

**Principal Place of Business**  
 1441 E. FLETCHER AVE., SUITE 105  
 TAMPA FL 33612

**Mailing Address**  
~~1441 E. FLETCHER AVE., SUITE 105~~  
 TAMPA FL 33612

**A0076155**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 12216 N. 56th ST  
 Suite, Apt. #, etc.

**City & State**  
 TAMPA, FL

**City & State**  
 TAMPA, FL

**Zip**  
 33617

**Country**  
 HILLSBOROUGH

**4. FEI Number**  
 59-3591258

**Applied For**  
☐ Not Applicable

**6. Name and Address of Current Registered Agent**  
 IWANICKI, GEORGE J  
 1441 E. FLETCHER AVE., SUITE 105  
 TAMPA FL 33612

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

**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** *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable (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 \$550.00.**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GEORGE IWANICKI	
STREET ADDRESS	14550 BLUE B. DR. #175	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES	<input type="checkbox"/> Delete
NAME	JOHN V. SIMONE	
STREET ADDRESS	12216 N. 56th ST	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE IWANICKI	
STREET ADDRESS	14550 BLUE B. DR. #175	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	THRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN V. SIMONE	
STREET ADDRESS	12216 N. 56th ST	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7-13-00 (88) 988-7355