2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000084027** May 02, 2000 8:00 am Secretary of State ZZZZ... BEST CARPET CLEANING INC. 05-02-2000 90124 002 ***150.00 Mailing Address Principal Place of Business 7505 BEACH DR. 7505 BEACH DR PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408-5327 2. Principal Place of Business 3. Mailing Address 126 BOCA LAGOUNDA 126 BOCA LAGOON DA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State FEI Numbe Applied For PAWAMA CIL 59-3596649 FLOR 104 ANAMA CITY FLORIDA Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired BAYFee Required 408 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANZALACO, PATRICK Street Address (P.O. Box Number is Not Acceptable) 7505 BEACH DR. PANAMA CITY BEACH FL 32408 LA GOUN-DL Culu 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. (NOTE, Registered Agent signature required when reinstating) DATE 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) g - 🖊 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. resident ☐ Change Addition Addition ☐ Delete TITLE David Reed NAME 26 Boca Lagoun Or STREET ADDRESS STREET ADDRESS Panama City Beach 12 32408 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **✓** Addition ☐ Delete TITLE TITLE Lisa GThorpe NAME 126 Bocatagoon Ol STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Panamality Beach nesident Change ☐ Addition ☐ Defete TITLE PATRICK A. LANZALACO NAME STREET ADDRESS 7505 BEACH ON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP P.C.B FL 32408 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITI F Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change 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