## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1. Corpora	UMENT		0008518	OI OCT 26 PM 1:01							
XTRE		PET DETAILIN	1G, INC.								
_	Place of Busine	988	Mailing Addre	ress			_				
1971 COO		ide.	P.O. BOX 123								
	N FL 32011		CALLAHAN FI						<b>                 </b>		
											1
		incorrect in any way, line Address, If Applicable	ne through incorrect in 3. New Mailir				4 Date Incorp	orated or Qualified			٦
Suite, Apt.			Suite, Apt. #,	•			To Do Busin	ness in Florida	09/23	/1999	1
City & Stat			City & State	•			5. FEI Number	59-3599991		Applied For	]
	<del>-</del> -	·	'a	s . ~	Carrete		6.	UV 000000,1	SR 75 A	Not Applicable	
Zip		Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·		OF STATUS DESIRED		dditional Fee required Certificate of Status	1
7. Names	and Street Ad	dresses of Each Officer	~~~~~	rida nonprof				1			]
Title(s)	2	Name of Officers and/or Directors		3		reet Address of Each fficer and/or Director		4	City / State /	Zip	
PTD	TUCKER,	TUCKER, LAURA H			M TURN	NER ROAD		CALLAHAN FL 32011			1
VSD	VSD HULBERT, ARTHUR M JR			P.O. BOX 1239			-	CALLAHAN FL 32011			1
							814	-11/14/0101019028 -11/14/0101019028 ****150.00 ****150.00			
								M	7,000	\	
								7	3		
	8. Nan	ne and Address of Curr	rent Registered Age		9 Name and Address of New Registered Agent						
HIII P	ert, arthu	ID 11 (D							ruck	er	(8/01)
	COOK-DRIVE					Street Address (P	P.O. Box Number i	is Not Acceptable)			CR2E040 (8/01)
	AHAN FL 320				1	Suite, Apt. #, Etc.		<u></u>			ğ
						City	LAHAN			9 Code 3 20 11	
10. I, being	g appointed the	e registered agent of the	above named corpo	ration, am f	amiliar wit	~		on 607.0505, F.S.			
Signature o Registered		Law	REGISTERED AGE	ENT MUST	SIGN		<del></del>	Date /0-)7	L-01		
this rein	nstatement app by the corporati	officer or director or the re plication, the reason for d tion have been paid and t true and accurate, and m	dissolution has been of the names of individu	ı eliminated, t luals listed or	the corpor on this form	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F	F.S., that all fees	
SIGNAT	TURE:	Paura L	1. Tucke	星(0.1	LAU		Tucker	10/22/0	) 90	4-360-3324	
	∪ <sub>Sl′</sub>	IGNATURE AND TYPED OR	<b>₹ PRINTED NAME OF S</b>	JIGNING OFF	ICER OR D	JIRECTOR		Date	Daytime	Phone #	



Income Tax Services Financial & Insurance Services Accounting & Bookkeeping Services

JAMES K. REESE, EA RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 24, 2001

Division of Corporations Post Office Box 6327 Tallahassee, FL 32302

Re: Xtreme Carpet Detailing, Inc. - 2001 Uniform Business Report

Doc. #: P99000085186

Dear Sir or Madam:

The above referenced Taxpayer has never received the Original 2001 Uniform Business Report. Upon receipt of the latest (Application for Reinstatement) the Taxpayer brought this to our office for review. The Taxpayer has signed and submitted a check for \$150.00. We are asking your assistance in abating any Late Filing Penalties. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

On ICC LETY,

James K. Reese, EA

Enclosures: Check for \$150.00