

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094431

1. Entity Name
CERTIFIED PROFESSIONAL CARPET CARE INC.

Principal Place of Business

965 N. NOBHILL RD. #170
PLANTATION FL 33324

Mailing Address

965 N. NOBHILL RD. #170
PLANTATION FL 33324

2. Principal Place of Business

965 N. NOBHILL Rd
Suite, Apt. #, etc. #170

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Zip

33324

Country

USA

Zip

Country

4. FEI Number

65-0958705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, DANIEL
4126 INVERRARY #2708
FT. LAUDERDALE FL 33319

DANIEL HAMILTON

7. Name and Address of New Registered Agent

Name

N/A Same AS Above

Street Address (P.O. Box Number is Not Acceptable)

965 N. NOBHILL Rd #170

City

Plantation FL

FL

Zip Code

33324

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

Daniel Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-1

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 12, 2001 Fee 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 PCEO
NAME HAMILTON, DANIEL
STREET ADDRESS 4126 INVERRARY BLVD #2708
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE DV
NAME HAMILTON, DAMARIE
STREET ADDRESS 4126 INVERRARY BLVD #2708
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME DANIEL HAMILTON
STREET ADDRESS 9230 NW 33 Place
CITY-ST-ZIP SUNRISE Florida 33351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Daniel Hamilton DANIEL HAMILTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-1 954-815-3014

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

09-10-2001 90053 038 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)