

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60775

1. Entity Name

BEE "DRY" CARPET CLEANERS, INC.

Principal Place of Business

3829 PROGRESS DRIVE  
LAKELAND FL 33811  
US

Mailing Address

3829 PROGRESS DRIVE  
LAKELAND FL 33811-1227  
US

2. Principal Place of Business

3609 Century Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2216

Suite, Apt. #, etc.

City & State

Lakeland FL 33806

Zip

33806

Country

POLK

City & State

Lakeland FL 33806

Zip

33806

Country

POLK

6. Name and Address of Current Registered Agent

SABLOTNY-HAUB, KAREN A  
316 OPPITZ LANE  
LAKELAND FL 33803

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

KAREN A. SABLOTNY

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

Karen A. Sablotny

(NOTE: Registered Agent signature required when reinstating)

2-22-00

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUB, N. BARRY	
STREET ADDRESS	316 OPPITZ LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABLOTNY-HAUB, KAREN A	
STREET ADDRESS	316 OPPITZ LANE	
CITY-ST-ZIP	LAKELAND FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KAREN A. SABLOTNY	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

Karen A. Sablotny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

863-646-3544

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90013 037 \*\*\*150.00

CR2E034 (9/99)