

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90006 012 \*\*\*150.00

**DOCUMENT # S60775**

1. Entity Name

**BEE "DRY" CARPET CLEANERS, INC.**

Principal Place of Business

3609 CENTURY BLVD  
 LAKELAND FL 33811  
 US

Mailing Address

PO BOX 2216  
 LAKELAND FL 33811  
 US

2. Principal Place of Business

**316 OPPITZ LANE**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 2216**

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

City & State

**LAKELAND FL**

Zip

**33803**

Country

**US**

Zip

**33806**

Country

**US**

4. FEI Number

**59-3068717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

**KAREN A. SABLOTNY**

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, 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 \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SABLOTNY, KAREN A</b>	
STREET ADDRESS	<b>316 OPPITZ LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<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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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or change, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KAREN A. SABLOTNY** **4-25-01** **863-646-3544**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)