

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90186 026 ***150.00

DOCUMENT # F97000003004

1. Entity Name
SHAW CONTRACT FLOORING SERVICES, INC.



Principal Place of Business
**616 E. WALNUT AVE.
DALTON GA 30720**

Mailing Address
**PO DRAWER 2128
DALTON GA 30722
US**

2. Principal Place of Business

3. Mailing Address

P.O. Drawer 2128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

mail Drop 00104

City & State

City & State

Dalton, GA

Zip

30721

Country

Zip

30722-2128

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2240471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LONG, H. HAL**
STREET ADDRESS **616 E. WALNUT AVE.**
CITY-ST-ZIP **DALTON GA 30720**

TITLE **VSD** ☐ Delete
NAME **EMBRY, GERALD R**
STREET ADDRESS **616 E. WALNUT AVE.**
CITY-ST-ZIP **DALTON GA 30720**

TITLE **V** ☐ Delete
NAME **ROLLINS, CARL P**
STREET ADDRESS **6014 WOODS POINT**
CITY-ST-ZIP **ROCKY FACE GA 30740**

TITLE **T** ☐ Delete
NAME **KIRKPATRICK, JAMES L**
STREET ADDRESS **616 W. WALNUT AVE.**
CITY-ST-ZIP **DALTON GA 30720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James L. Kirkpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

706.278.3812

Daytime Phone #

CR2E034 (10/02)