

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90118 041 \*\*\*150.00

DOCUMENT # *G 97 840*

1. Entity Name

*J.J. CARPET INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*8649 BOCA GRADES BLVD. W.*

Suite, Apt. #, etc.

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

City & State

*BOCA RATON, FLORIDA*

City & State

4. FEI Number

*59-2422290*

Applied For

Not Applicable

Zip

*33434*

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*JOSEPH JENKINS*

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

*8649 BOCA GRADES BLVD. W.*

City

*BOCA RATON*

FL

Zip Code

*33434*

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

*JOSEPH JENKINS*

*PRESIDENT*

*4-1-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*  
NAME *JOSEPH JENKINS*  
STREET ADDRESS *8649 BOCA GRADES BLVD. W.*  
CITY-ST-ZIP *BOCA RATON FLA. 33434*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOSEPH JENKINS*

*4-1-03*

*1-561-852-4866*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)