2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

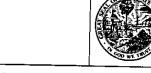
DOCUMENT # L94692



Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90086 046 ***150.00

FILED

JAMES BROS. CARPET & TILE, INC.



Principal Place of Business Mailing Address 5225 U.S. 1 SOUTH 5225 U.S. 1 SOUTH ST. AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3028820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, C E JR Street Address (P.O. Box Number is Not Acceptable) 5225 US HWY 1 SOUTH ST AUGUSTINE FL 32086 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee.will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE JAMES, C E JR Change ☐ Addition NAME NAME 3260 CARMEL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST AUGUSTINE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition JAMES, JOHN W NAME NAME 5041 OCEAN SHORE BLVD STREET ADDRESS STREET ADDRESS PALM COAST FL CITY-ST-ZIP CITY-ST-ZIP TITLE ----□ Delete ---Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

TURE REQUAREDIAMES, IR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR