2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # M79291 SOUTH FLORIDA CARPETS, INC. 01-29-2000 90097 033 ***150.00 Principal Place of Business Mailing Address 1935 NW 18TH ST 1935 NW 18TH ST POMPANO BEACH FL 33069-1619 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0053483 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEEGER, SHANNON E. Street Address (P.O. Box Number is Not Acceptable) 1034 nw 12, Lane 1905-NW-18TH-9T POMPANO BEACH FL 33089 Coral Springs, 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition Delete TITI F TITLE ROBERTS, RAYMOND A. NAME NAME STREET ADDRESS STREET ADDRESS 900 SW CYPRESS WAY CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE TITLE NORTH, JOSEPH C NAME STREET ADDRESS STREET ADDRESS 4965 PURDUE DR.~ CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33436 ☐ Addition Delete TITLE TITLE Seeger, Kenneth V 1034 NW 121 LANE SEEGER, KENNETH V. NAME NAME STREET ADDRESS STREET ADDRESS 2943 NW 68TH AVE CORAL SPRINGS, EL 33071 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL BE BLOOCHERY Tresurer ☐ Addition TITLE TITLE ☐ Delete Seegen. Shannon E. SEEGER, SHANNON E. NAME NAME STREET ADDRESS STREET ADDRESS 2943 NW 68 AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Bosso Secretary Change - LAddition ☐ Delete TITLE TITLE Charlotte Roberts NAME NAME STREET ADDRESS STREET ADDRESS Boca Ration CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.