2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
09-17-2001 90006 019 ***550.00

DOCUMENT # P00000002732

1. Entity Name
ATLANTIC TILE & CARPET, INC.

Principal Place of Business	Mailing Address
805 FELLSMERE RD., STE. 2 SEBASTIAN FL 32958	805 FELLSMERE RD., STE. 2 SEBASTIAN FL 32958

978982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9893 US #1	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebastian FL	City & State
Zip: 32958 Country: USA	Zip Country

4. FEI Number: 59-3670819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALBRAITH, LEONARD E 805 FELLSMERE RD., STE. 2 SEBASTIAN FL 32958	Name: Galbraith, Leonard E Street Address (P.O. Box Number is Not Acceptable): 9893 US #1 City: Sebastian **FL** Zip Code: 32958

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: Leonard Galbraith
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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST GALBRAITH, LEONARD E 805 FELLSMERE RD., STE. 2 SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Galbraith, Leonard E 9893 US #1 Sebastian, FL 32958	☒ Change ☐ Addition
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CR2E034 (5/01)

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.

SIGNATURE: SIGNATURE REQUIRED Leonard Galbraith 9-11-2001 589-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #