2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State P00000113470 **DOCUMENT #** 1. Entity Name 04-29-2002 90072 001 ***150 00 CASSAR'S CARPET & TILE, INC. Mailing Address Principal Place of Business 15718 BAY LAKES TRAIL 15718 BAY LAKES TRAIL CLERMONT FL 34711 CLERMONT FL 34711 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3691098 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASSAR, PHILLIP C Street Address (P.O. Box Number is Not Acceptable) 15718 BAY LAKES TRAIL CLERMONT FL 34711 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Added to Fees Tax Mag requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01) □ Change TITLE ☐ Delete TITLE NAME CASSAR, PHILLIP C NAME STREET ADDRESS 15718 BAY LAKES TRAIL STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE VSD TITLE NAME CASSAR, CHARLES P NAME STREET ADDRESS 15718 BAY LAKES TRAIL STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Addition 🔲 Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME with the state of the NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \□ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED