

2002 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
May 28, 2002 8:00 am
Secretary of State

04-23-2002 90410 033 ***150.00

DOCUMENT # P01000079487

1. Entity Name

GENESIS CARPET SALES, INC.

Principal Place of Business

**303 S. MAIN ST.
 CHIEFLAND FL 32626**

Mailing Address

**303 S. MAIN ST.
 CHIEFLAND FL 32626**

2. Principal Place of Business

**303 S. Main St
 Suite, Apt. #, etc.**

3. Mailing Address

**303 S. Main St
 Suite, Apt. #, etc.**

City & State

Chiefland FL

City & State

Chiefland FL

4. FEI Number

59-3745051

Applied For

Not Applicable

Zip

Country

32626 U.S.A.

Zip

Country

32626 U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GALLO, KENNETH E
 303 S. MAIN ST.
 CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name **Kenneth E. Gallo**
 Street Address (P.O. Box Number is Not Acceptable)
10026 SW 84th Ave
 City **Gainesville** **FL** Zip Code **32608**

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

Kenneth E. Gallo

5/11/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	President	<input type="checkbox"/> Delete
NAME	Kenneth E. Gallo	
STREET ADDRESS	10026 SW 84th Ave	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Jennifer R. Buttrick	
STREET ADDRESS	1932 N. 1st St	
CITY-ST-ZIP	Gainesville FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Kenneth E. Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

(352) 493-4451

Daytime Phone #

CR2E034 (9/01)