

FILED  
Aug 05, 2003 8:00 am  
Secretary of State

07-07-2003 90141 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P01000120961                          |  |
| <b>1. Entity Name</b><br>TAYLOR-MADE CARPET SALES, INC. |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>2090 NE 80 AVE<br>HIGH SPRINGS FL 32643 | <b>Mailing Address</b><br>2090 NE 80 AVE<br>HIGH SPRINGS FL 32643 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip                     | Country                 |
| Zip                     | Country                 |

|                                                                                                        |                                      |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>4. FEI Number</b> APPLIED FOR<br>16-1653250                                                         | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                      |

|                                                             |  |
|-------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>      |  |
| TAYLOR, ROBERT V<br>2090 NE 80 AVE<br>HIGH SPRINGS FL 32643 |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                                                                          |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00</b><br>After September 10, 2003 Fee will be \$750.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TAYLOR, WENDY L<br>2090 NE 80TH AVE<br>HIGH SPRINGS FL 32643<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TAYLOR, ROBERT V<br>2090 NE 80TH AVE<br>HIGH SPRINGS FL 32643<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Robert V. Taylor **SIGNATURE REQUIRED** 6/30/03 384-404-7644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #  
55053384  
P01000120961

**TMCS**

Telephone (386) 454-7644

Fax (386) 454-1507

PMB 208

PO Box 147050

Gainesville, FL 32614-7050

Florida Department of State  
Attn: Division of Corporations  
Glenda E. Hood

8-1-03

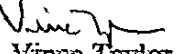
REFERENCE: 2003 Uniform Business Report P01000120961

Dear Mrs. Hood,

Pursuant to our correspondence of 6-30-03, we were not aware that the filing was due until we received the second notice from your office. We filed promptly upon receiving the same. Being a new Company, just trying to get our feet on the ground, we are unable to afford the \$400.00 penalty at this time, please consider waiving this penalty or advise us of any other options available in regards to this matter.

Thank you for your time and consideration.

Sincerely,

  
Vince Taylor  
VP, TMCS

cc: File

**TMCS**

Attachment #  
55053384  
DO1000120961

Phone (386)454-7644  
Fax (386)454-1507

PMB 208  
P.O. Box 147050  
Gainesville, FL 32614-7050

Florida Department of State  
Attn: Division of Corporations

6-30-03

**RE: 2003 Uniform Business Report**

Please be advised that the prior notice did not reach my desk and was not filed timely. We had an Attorney who was to have handled this matter and apparently did not make the proper filings. Please forgive us for the oversight.

Sincerely,

Vince Taylor  
VP, TMCS

cc: File

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1209  
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