

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90222 023 \*\*\*150.00

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DOCUMENT # P99000100918



1. Entity Name  
REEDY CARPETS OF LAKE MARY, INC.

Principal Place of Business  
2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763

Mailing Address  
2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number  
59-3605919

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

REILLY, COLLEEN M  
2427 ENTERPRISE ROAD  
ORANGE CITY FL 32763

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 *Colleen M. Reilly*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
1-22-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	REILLY, COLLEEN M	
STREET ADDRESS	478 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	VOPS	<input type="checkbox"/> Delete
NAME	FRANCESKINO, RAY	
STREET ADDRESS	2427 ENTERPRISE RD	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Colleen M. Reilly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1-22-03  
DAYTIME PHONE #: 384-775-1118

CR2E034 (10/02)