

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90120 025 ***150.00

DOCUMENT # 375987

1. Entity Name
THE FAMOUS CARPET BARN, INC.



Principal Place of Business
**619 CASSAT AVENUE
JACKSONVILLE FL 32205**

Mailing Address
**619 CASSAT AVENUE
JACKSONVILLE FL 32205**

10038676



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1311136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEMINGWAY, LEROY II
619 CASSET AVE
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Fred ISAAC

Street Address (P.O. Box Number is Not Acceptable)

2468 Atlantic Blvd

City

Jacksonville

FL

Zip Code

32207

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 *Judith Isaac*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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** Delete
NAME: **HEMINGWAY, LEROY II**
STREET ADDRESS: **1980 GREENWOOD AVE.**
CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **ST** Delete
NAME: **HEMINGWAY, HELEN ANNETTE**
STREET ADDRESS: **1980 GREENWOOD AVE.**
CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** Delete
NAME: **HEMINGWAY, HELEN ANNETTE**
STREET ADDRESS: **1980 GREENWOOD AVE.**
CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **SEC, TRS.** Change Addition
NAME: **HELEN ANNETTE HEMINGWAY**
STREET ADDRESS: **1980 GREENWOOD AVE**
CITY-ST-ZIP: **JACKSONVILLE Florida 32205**

TITLE: **V** Delete
NAME: **RUNION, JOHN**
STREET ADDRESS: **4693 IVANHOE RD**
CITY-ST-ZIP: **JACKSONVILLE FL 32210**

TITLE: Change Addition
NAME: **JOHN RUNION**
STREET ADDRESS: **4693 IVANHOE RD**
CITY-ST-ZIP: **Jacksonville, Florida 32210**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME: **KATHRYN GAYLE RUNION**
STREET ADDRESS: **4693 IVANHOE RD**
CITY-ST-ZIP: **Jacksonville, Florida 32210**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
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: *Judith Isaac*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date

704 387-2549

Daytime Phone #

CR2E034 (10/02)