2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TOPED OR PRINTED NAM

FILED DOCUMENT # 414684 Apr 03, 2000 8:00 am Secretary of State BOB HERRING'S CARPETS, INC. 04-03-2000 90004 021 ***150.00 Principal Place of Business Mailing Address 526 EMMETT STREET 526 EMMETT STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741-5430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1437484 Not Applicable Country Zip Country Zip \$8.75 Additional 5 Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent tuitesing HERRING, ROBERT P Street Address (P.O. Box Number is Not Acceptable) **526 EMMETT STREET** KISSIMMEE FL 34741 1m€ City Zip Code FL the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE X Delete HERRING, ROBERT P JAMES A. 526 EMMETI NAMÉ STREET ADDRESS 526 EMMETT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE Addition Delete TITLE DEBLA S. HUITSING HERRING RUSSELL P. NAME NAME 435 COLUMBIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34769 CITY-ST-ZIP FSSIMM EE. ☐ Change⁻ ⁻ ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete 🗌 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if