2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State 481679 DOCUMENT # 1. Entity Name 05-15-2002 90030 040 ***150.00 COMMERCIAL CARPET OF ST. PETERSBURG, INC. Mailing Address Principal Place of Business 4994 PARK RLVD 4994 PARK BLVD PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1627024 Not Applicable \$8,75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTER ERRETT Street Address (P.O. Box Number is Not Acceptable) 106 5TH STREET BELLAIR BCH FL 33786 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 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 ☐ Delete TITLE TITLE HASSAN, NORMAN NAME NAME STREET ADDRESS 6700 4TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33781 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME ERRETT, WALTER STREET ADDRESS STREET ADDRESS 106 5TH STREET CITY-ST-ZIP CITY-ST-ZIP BELLAIR BCH FL 33786 ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE TITLE NAM-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 true ampowered to execute this room as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachr 1/29/2002 727 5462300 SIGNATURE:)