

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90363 033 ***150.00

DOCUMENT # 616551

1. Entity Name
MILL DIRECT CARPETS, INC.



Principal Place of Business
**3091 S FRANKLIN TERR
INVERNESS FL 34450
US**

Mailing Address
**MILL DIRECT CPT INC
3091 S FRANKLIN TERR
INVERNESS FL 34452
US**



2. Principal Place of Business

2400 Forest Dr

3. Mailing Address

2400 Forest Dr

Suite, Apt. #, etc.
137

Suite, Apt. #, etc.
137

City & State
INVERNESS FL

City & State
INVERNESS FL

Zip
34453

Country

Zip
34453

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1879045**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, RICHARD P.
2400 FOREST DR
APT 137
INVERNESS FL 34453**

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
BOWERS, RICHARD
3091 S FRANKLIN TERR
INVERNESS FL** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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: Richard P. Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03
Date

352 726 1723
Daytime Phone #

CR2E034 (10/02)