FILED

2002 Uniform Business Repòrt (UBR)

Mar 31, 2002 8:00 am Secretary of State **DOCUMENT #** F01000003310 1. Entity Name 03-31-2002 90354 005 ***158 75 RICHARDSON FLOORCOVERING COMPANY, INC. Principal Place of Business Mailing Address 2573 HIGHWAY 166 EAST B0053997 P.O. BOX 905 **CARROLLTON GA 30116 CARROLLTON GA 30117** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1276860 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVENUE TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11, OFFICERS AND DIRECTORS 12. Addition CR2E034 (9/01) TITLE TITLE Change ☐ Delete RICHARDSON, ALDRED JACK-NAME NAME STREET ADDRESS 2573 HWY 166 E STREET ADDRESS CITY-ST-ZIP **CARROLLTON GA 30116** CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME RICHARDSON, MARK J NAME STREET ADDRESS 2573 HWY 166 E STREET ADDRESS CITY-ST-ZIP CITY-ST_ZIP. CARROLLTON.GA:30116: ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME RICHARDSON, JUNE NAME STREET ADDRESS STREET ADDRESS 2573 HWY 166 E CITY-ST-ZIP CITY-ST-ZIP **CARROLLTON GA 30116** ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP." CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE g Starter NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME 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 sectiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if