

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90088 005 \*\*\*150.00

**DOCUMENT # F02000005760**



1. Entity Name  
**MOHAWK CARPET CORPORATION**

Principal Place of Business  
P.O. BOX 12069  
CALHOUN GA 30703

Mailing Address  
P.O. BOX 12069  
CALHOUN GA 30703

**22003896**



2. Principal Place of Business  
*1160 South Industrial Blvd.*

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
*Calhoun GA*

City & State

Zip  
*30701*

Country  
*USA*

4. FEI Number **58-2185429**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DC LORBERBAUM, JEFFREY S 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, JOHN D 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, SIDNEY S 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, FRANK H 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, JERRY L 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LORDERBAUM, JEFFREY S 160 S. INDUSTRIAL BLVD. CALHOUN GA 30701	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank H. Boykin* **FRANK H. BOYKIN** **REQUIRE** **REQUIRE** **REQUIRE**  
Date: *1-17-2003* Daytime Phone #: *706 629-7721*

CR2E034 (10/02)