2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F26823 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** STINSON CARPETS, INC. 03-02-2000 90178 033 ***150.00 Principal Place of Business Mailing Address 2110 EDENFIELD PL. 2110 EDENFIELD PL. LAKELAND FL 33801-7603 LAKELAND FL 33801 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 59-2074442 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STINSON, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 2110 EDENFIELD PL LAKELAND,F L 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITI F ☐ Delete STINSON, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 2909 REDWOOD AV CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 00000 ☐ Addition Change ☐ Delete TITLE TITLE STINSON, JAMES W NAME STREET ADDRESS STREET ADDRESS 2909 REDWOOD AVE. CITY-ST-ZIP CITY-ST-7iP LAKELAND, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE STINSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1239 WATER FORD DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change ☐ Addition TITLE TOTLE ☐ Delete STINSON, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 1030 WATEREDGE DR CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 00000 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STINSON, RANDAL NAME STREET ADDRESS STREET ADDRESS 2611 HIGHLAND VUE CT CITY-ST-7/P CITY-ST-ZIP LAKELAND FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 | 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



2-9-00 (863) 665-4434