AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-14-2003 90331 032 ****61.25
FILED
F29603

03 JUL 17 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F29603

1. Entity Name
J & L Carpet Corp.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1595 Old Dixie Hwy	1595 Old Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach Fl	City & State: Vero Beach, Fl
Zip: 32960 Country: Indian River	Zip: 32960 Country: Indian River

4. FEI Number: 59-2371400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mullenix, Annette

Street Address (P.O. Box Number is Not Acceptable): 1595 Old Dixie Hwy

City: Vero Beach FL Zip Code: 32960

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)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV Mullenix, Annette 1595 Old Dixie Hwy Vero Beach, Fl 32960
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.T.D. Mullenix, Annette 1595 Old Dixie Hwy Vero Beach, Fl 32960
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Mullenix 7-8-03 772-567-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #