FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am **DOCUMENT # F68190 Secretary of State** 1. Entity Name SOUTHLAND CARPET SUPPLIES, INC. 02-28-2001 90057 005 ***150.00 Principal Place of Business Mailing Address 4477 122ND AVENUE NORTH 4477 122ND AVENUE NORTH 724740 BLDG, C BLDG, C CLEARWATER FL 33762 CLEARWATER FL 33762 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 59-1429143 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JANSSENS, ANDREW A., JR. Street Address (P.O. Box Number is Not Acceptable) 4477- 122ND AVENUE NORTH BLDG, C **CLEARWATER FL 33762** Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE NAME JANSSENS, JAMES F. NAME STREET ADDRESS STREET ADDRESS 4477 122ND AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete TITLE Change Addition TITLE NAME NAME JANSSENS, ANDREW A., JR. STREET ADDRESS STREET ADDRESS 4477 122ND AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762 ☐ Addition THE E ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST-ZIP

GNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

☐ Delete

2-20-01 727-513.3362

☐ Change

☐ Change

☐ Addition

Addition