

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F81842

1. Entity Name

CAVES CARPET INSTALLATION, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90097 015 \*\*\*150.00

Principal Place of Business

6983 122ND DRIVE NORTH  
LARGO FL 34643  
US

Mailing Address

4528 BEAR LAKE CT  
CLEARWATER FL 33762

2. Principal Place of Business

4528 Bear Lake Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Zip Country

33762 Pinellas

4. FEI Number 59-2187444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAVES, HOWARD D  
6983 122ND DR N  
LARGO FL 33543

7. Name and Address of New Registered Agent

Name Howard D. Caves  
Street Address (P.O. Box Number is Not Acceptable)  
4528 Bear Lake Ct.  
City Clearwater FL Zip Code 33762

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAVES, HOWARD D	
STREET ADDRESS	6983 122ND DR N	
CITY - ST - ZIP	LARGO, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAVES, ROSE M	
STREET ADDRESS	6983 122ND DR N	
CITY - ST - ZIP	LARGO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caves, Howard D	
STREET ADDRESS	4528 Bear Lake Ct.	
CITY - ST - ZIP	Clearwater FL 33762	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caves, Rose M.	
STREET ADDRESS	4528 Bear Lake Ct.	
CITY - ST - ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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. 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.

SIGNATURE: Howard D. Caves Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01  
Date

592-0623  
Daytime Phone #

CR2E034 (10/00)