FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # G49788** 1. Entity Name HERITAGE CARPET & TILE, INC. 4-03-2001 90005 012 ***150.00 Principal Place of Business Mailing Address % JERI A. SMITH % JERI A. SMITH 410 SOUTH MILITARY TRAIL 410 SOUTH MILITARY TRAIL 819039 DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442** 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 59-2415005 Not Applicable Zip Country 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 SMITH, JERI A. Street Address (P.O. Box Number is Not Acceptable) 410 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** City 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 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SMITH JERI ANNE 410 S. MILITARY TRAIL ☐ Delete Change Addition TITLE TITLE SMITH, RUNO NAME NAME STREET ADDRESS 410 S. MILITARY TRAIL STREET ADDRESS DEERFIELD BEACH, FL33442 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Delete TITLE TITLE SMITH BRIAN SMITH, RANDALL K NAME NAME 410 S. MILITARY TRAIL 410 S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY - ST-7IP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 attactment with an address, withfall other like empowered.

IG OFFICER OR DIRECTOR