

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90110 037 \*\*\*550.00

**DOCUMENT # G97985**

1. Entity Name  
**THE CARPET MEDICS, INC.**

Principal Place of Business  
**1808 S.W. 14TH ST**  
**FT. LAUDERDALE FL 33312**

Mailing Address  
**1808 SW 14TH ST**  
**FT. LAUDERDALE FL 33312**

2. Principal Place of Business  
**1808 SW 14th St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1808 SW 14th St**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Lauderdale FL**  
 Zip  
**33312**  
 Country  
**Browards**

City & State  
**Ft. Lauderdale FL**  
 Zip  
**33312**  
 Country  
**Browards**

4. FEI Number  
**59-2396234**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAWSON, JOSEPH R., ESQUIRE**  
**320 DAVIE BLVD.**  
**FT. LAUDERDALE FL 33315**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **FARBER, DENNIS**  
 STREET ADDRESS **1808 S.W. 14 STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: **DESIGNATURE OF DENNIS FARBER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/02** Daytime Phone # **954-682-2135**

CR2E034 (4/02)