

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10504

1. Entity Name
GULFSTREAM CARPET, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90010 031 ***550.00

Principal Place of Business
3349 N FEDERAL HWY
3349 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-6231
US

Mailing Address
3349 N. FEDERAL HWY
3349 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-6231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2449921**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, CRAIG
21392 TOWN LAKES DR
BOCA RATON FL 33486

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RICHARDS, CRAIG**
STREET ADDRESS **21392 TOWN LAKES DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition
NAME **Richards, Craig**
STREET ADDRESS **16207 mahogany DR.**
CITY-ST-ZIP **Boynton Bch, FL**

TITLE **VP** ☐ Delete
NAME **RICHARDS, RON**
STREET ADDRESS **435 SOUTH WEST 28TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 (561) 737-2011
Date Daytime Phone #

CR2E034 (5/00)