

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90108 002 ***150.00

DOCUMENT # H84719

1. Entity Name

CARPET MILL STORE OF PENSACOLA, INC.

Principal Place of Business

% DONALD W. HEAPY
 505 MARY ESTHER CUT-OFF
 FT WALTON BCH. FL 32548

Mailing Address

% DONALD W. HEAPY
 505 MARY ESTHER CUT-OFF
 FT WALTON BCH. FL 32548

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2620811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HEAPY, BETTE J.
505 MARY ESTHER CUT-OFF
FT WALTON BCH. FL 32548

7. Name and Address of New Registered Agent

Name

HEAPY, GARY Pres.

Street Address (P.O. Box Number is Not Acceptable)

505 Mary Esther Cut-Off

Fort Walton Beach, FL 32548

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 **GARY HEAPY, PRES.**

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **HEAPY, DONALD W.**
 STREET ADDRESS **505 MARY ESTHER CUTOFF**
 CITY-ST-ZIP **FT. WALTON FL**

TITLE **DST** ☐ Delete
 NAME **HEAPY, BETTE J.**
 STREET ADDRESS **505 MARY ESTHER CUTOFF**
 CITY-ST-ZIP **FT. WALTON FL**

TITLE **HEAPY, GARY Pres.** ☐ Delete
 NAME **505 MARY ESTHER CUT-OFF**
 STREET ADDRESS **FORT WALTON BEACH, FL 32548**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **HEAPY, GARY Pres.** ☐ Change ☒ Addition
 NAME **505 MARY ESTHER CUT-OFF**
 STREET ADDRESS **FORT WALTON BEACH, FL 32548**
 CITY-ST-ZIP

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

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

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 or without other like empowered.

SIGNATURE:

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

1/22/02

850-243-1233

Date

Daytime Phone #

CR2E034 (9/01)