

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90011 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J16122

1. Entity Name
JACKSONVILLE CARPETLAND, INC.

Principal Place of Business 9172 AUGUST DR. JACKSONVILLE FL 32226 US	Mailing Address 9172 AUGUST DR. JACKSONVILLE FL 32226 US
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2. Principal Place of Business 6820 Ramoth Dr Suite, Apt. #, etc. NA	3. Mailing Address 6820 Ramoth Dr Suite, Apt. #, etc. NA
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City & State JACKSONVILLE, Florida	City & State JACKSONVILLE Florid
Zip 32226	Country USA

4. FEI Number 59-2791230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMMOCK, GEORGE M., JR.
 9172 AUGUST DRIVE
 JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

Name
GEORGE M. HAMMOCK, JR
 Street Address (P.O. Box Number is Not Acceptable)
6820 Ramoth Dr.
 City
JACKSONVILLE FL Zip Code
32226

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 **George M. Hammock Jr TREAS** DATE **12-28-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P EMILIE ANN HAMMOCK 9172 AUGUST DR. JACKSONVILLE FL 32226 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GEORGE M. HAMMOCK, JR. 9172 AUGUST DR. JACKSONVILLE FL 32226 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Emilie Ann Hammock 6820 Ramoth Dr JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GEORGE M. HAMMOCK, JR 6820 Ramoth Dr JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **George M. Hammock Jr TREAS** DATE **12-28-00** DAYTIME PHONE **904-251-9814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)