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Werna 5. Forman 2-12-01 ()27) 937-5538

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am **DOCUMENT # J31434 Secretary of State** 1 a Entity Name FURMAN CARPET CONCEPTS, INC. 03-05-2001 90298 047 ***150.00 Principal Place of Business Mailing Address 460 E. LEMON STREET 460 E. LEMON STREET P.O. BOX 636 P.O. BOX 636 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 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 59-2721155 Not Applicable Zip Country Country Zip \$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 FURMAN, VERNA S. Street Address (P.O. Box Number is Not Acceptable) **460 EAST LEMON STREET** TARPON SPRINGS FL 34689 Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE ☐ Change FURMAN, VERNA S. NAME NAME 2279 DOWNEY TERR DR STREET ADDRESS STREET ADDRESS ELLISVILLE MO 34689 630 11 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FURMAN, BARRY R. NAME NAME STREET ADDRESS 2279 DOWNEY TERR DR STREET ADDRESS ELLISVILLE MO 34689 63011 CITY-ST-ZIP CITY-ST-ZIP TITLE · Change -Delete TITLE - 🖃 - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 inclicated 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.