

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40957

1. Entity Name

MANASOTA CARPET, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90042 028 \*\*\*150.00

Principal Place of Business

2510 FIRST ST. WEST  
BRADENTON FL 34208-3660

Mailing Address

210 TOWNPARK DRIVE  
KENNESAW GA 30144-5514  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2742564**

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TIFFANY, BARBARA	
STREET ADDRESS	2510 1ST ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TIFFANY, ROBERT M.	
STREET ADDRESS	2510 1ST ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD THILL	
STREET ADDRESS	210 TOWNPARK DR	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	P, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL DEGRACE	
STREET ADDRESS	210 TOWNPARK DR	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	V, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS LEAHEY	
STREET ADDRESS	210 TOWNPARK DR	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.J. NASSAR	
STREET ADDRESS	210 TOWNPARK DR	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shirley H. Hines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00  
Date

678-355-4151  
Daytime Phone #

CR2E034 (9/99)