## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **J57643** RICHARD'S CARPET WAREHOUSE, INC. 01-29-2000 90021 015 \*\*\*150.00 Principal Place of Business Mailing Address % RICHARD C. SERINO % RICHARD C. SERINO 105 CORPORATION WAY 105 CORPORATION WAY VENICE FL 34292 VENICE FL 34292-3524 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2769039 Not Applied Country Country \$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 Name SERINO, RICHARD C. Street Address (P.O. Box Number is Not Acceptable) 824 LAGUNA DRIVE VENICE FL 34285 Zip Code City FŁ 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE SERINO, RICHARD C. NAME NAME 824 LAGUNA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** ☐ Change ☐ Addition TITLE □ Delete TITLE SERINO, JOY A. NAME NAME 824 LAGUNA DRIVE STREET ADDRESS STREET ADDRESS CITY:-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE JONES, HAROLD E NAME NAME 3187 GENEVA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trasfee 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.

CITY-ST-ZIP

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CHARA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

Date Daytime Phone #