2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # K44920** 1. Entity Name 04-11-2001 90020 002 ***150.00 GOLDCOAST CARPET SPECIFIERS & DESIGNERS INC. Principal Place of Business Mailing Address % DANIEL L. HARDIN SR. % DANIEL L. HARDIN SR. 941899 8331 PASADENA BLVD 8331 PASADENA RD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 US 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 65-0084557 Not Applicable · Zip -- - Country-Zíp ---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 HARDIN, DANIEL L., SR. Street Address (P.O. Box Number is Not Acceptable) 8331 PASADENA BLVD PEMBROKE PINES FL 33024 City 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 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. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARDIN, CHARLOTTE J NAME STREET ADDRESS STREET ADDRESS 8331 PASADENA BLVD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Delete TITLE TITLE ☐ Change Addition NAME HARDIN, DANIEL NAME STREET ADDRESS 8331 PASADENA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-71P T PEMBROKE PINES FL ☐ Delete TITLE TITLE □ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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. DRUEL L. HARdin 4-7-2001
PRAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #