2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered.

Feb 19, 2000 8:00 am **DOCUMENT # K46781** 1. Entity Name **Secretary of State** CARPET STYLES, INC. 02-19-2000 90005 043 ***150.00 Principal Place of Business Mailing Address 3324 GRIFFIN ROAD 3324 GRIFFIN ROAD **DANIA FL 33312** DANIA FL 33312-5519 VACETANA 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 65-0081425 Not Applicable Zip 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 YEARWOOD, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 3324 GRIFFIN ROAD **DANIA FL 33312** Zip Code City 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 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE YEARWOOD, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 1997 SE 24TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Detete TITLE MELVIN, DONALD K NAME NAME STREET ADDRESS STRFFT ADDRESS 1997 S.E. 24TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if